



ARIZONA STATE RETIREMENT SYSTEM

# 2011 Retiree Group INSURANCE

OPEN ENROLLMENT GUIDE

*(Effective January 1, 2011)*

*Dear Retiree:*

*Some premiums & plan provisions have changed for 2011. All in-state non-Medicare enrolled members will automatically be enrolled in the new UnitedHealthcare Choice plan. Enrollment in other ASRS health insurance plans will carry forward automatically to 2011 unless you make a change. Please read this Guide & "Your Retirement" carefully for other changes & updates.*



ARIZONA STATE RETIREMENT SYSTEM

## OPEN ENROLLMENT



## ARIZONA STATE RETIREMENT SYSTEM

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Dear Retired Member:

The Arizona State Retirement System is pleased to offer retirees and their families a comprehensive health benefits program with quality healthcare coverage, flexibility and benefit options. This 2011 ASRS Open Enrollment Guide is a valuable resource and includes a summary of all retiree benefit plans covering over 41,000 retirees and dependents. The 2011 ASRS Open Enrollment Guide also contains information regarding eligibility and enrollment for medical, dental, prescription discount drug card, SilverSneakers fitness program, vision plans, Evercare support and services, Warm Health and Social Services Coordinators.

The Arizona State Retirement System Retiree Health Benefits Program offers medical, dental and prescription drug coverage to qualified retired members of the Arizona State Retirement System (ASRS), Public Safety Personnel Retirement System (PSPRS), Corrections Officer Retirement Plan, Elected Officials' Retirement Plan, and the University Optional Retirement Plans.

Open Enrollment for insurance benefits for calendar year 2011 begins on October 25, 2010, and will continue through November 19, 2010. Your selections become effective January 1, 2011. This guide should be read carefully and retained for reference.

Open Enrollment is the period during which retirees may enroll, make changes to their current healthcare coverages, or add eligible family members not currently enrolled under this program. This is the only time retirees can make changes to their healthcare coverage except during a qualifying life event occurrence.

The significant changes to premiums, deductibles, co-payments, prescription drug coverage, in-network and out-of-network benefits and introduction of a new health plan should cause retirees currently covered by our health plans to carefully review options presented in the 2011 ASRS Open Enrollment Guide. In order for retirees to understand the benefit changes well enough to make these decisions, we will offer informational meetings for retirees around the state with resources designed to meet your needs.

This guide provides a brief overview of the Arizona State Retirement System health insurance benefits. As always, if you have questions about any aspect of your retirement benefits or your retiree health care plans, an ASRS Benefits Advisor in our Member Services Division is available to respond to your questions and concerns. The ASRS Benefits staff is committed to providing benefits information that is understandable, relevant, and easily accessible and effective at helping retirees make educated decisions. Likewise, assistance may be received from the Public Safety Personnel Retirement System staff if you are a retiree of that retirement system or the Corrections Officer or Elected Officials' retirement plans. Phone numbers and website addresses are listed on the inside back cover of this guide.

Sincerely,

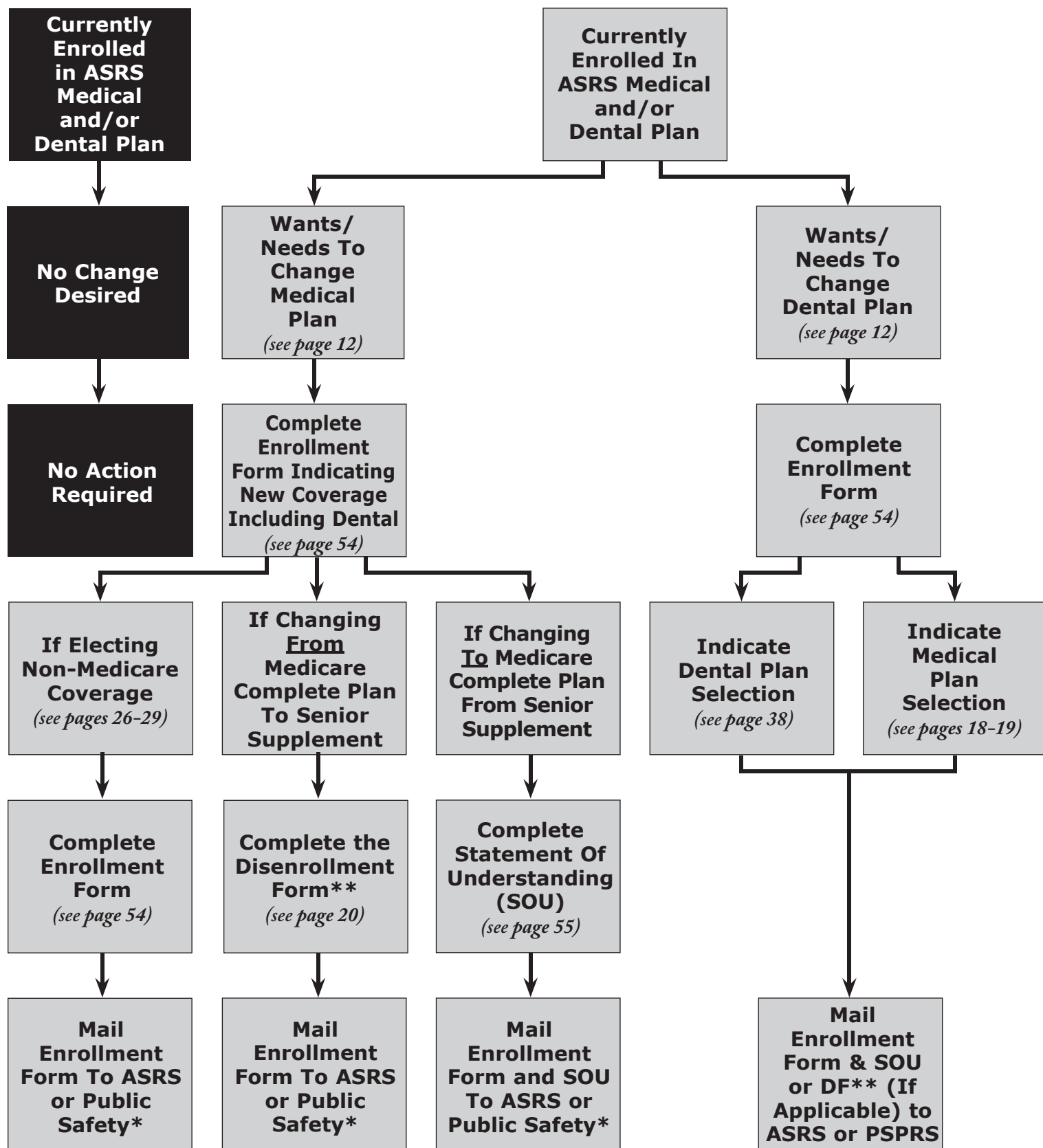
A handwritten signature in black ink, appearing to read "Paul Matson".

Paul Matson  
Director

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# ASRS 2011 OPEN

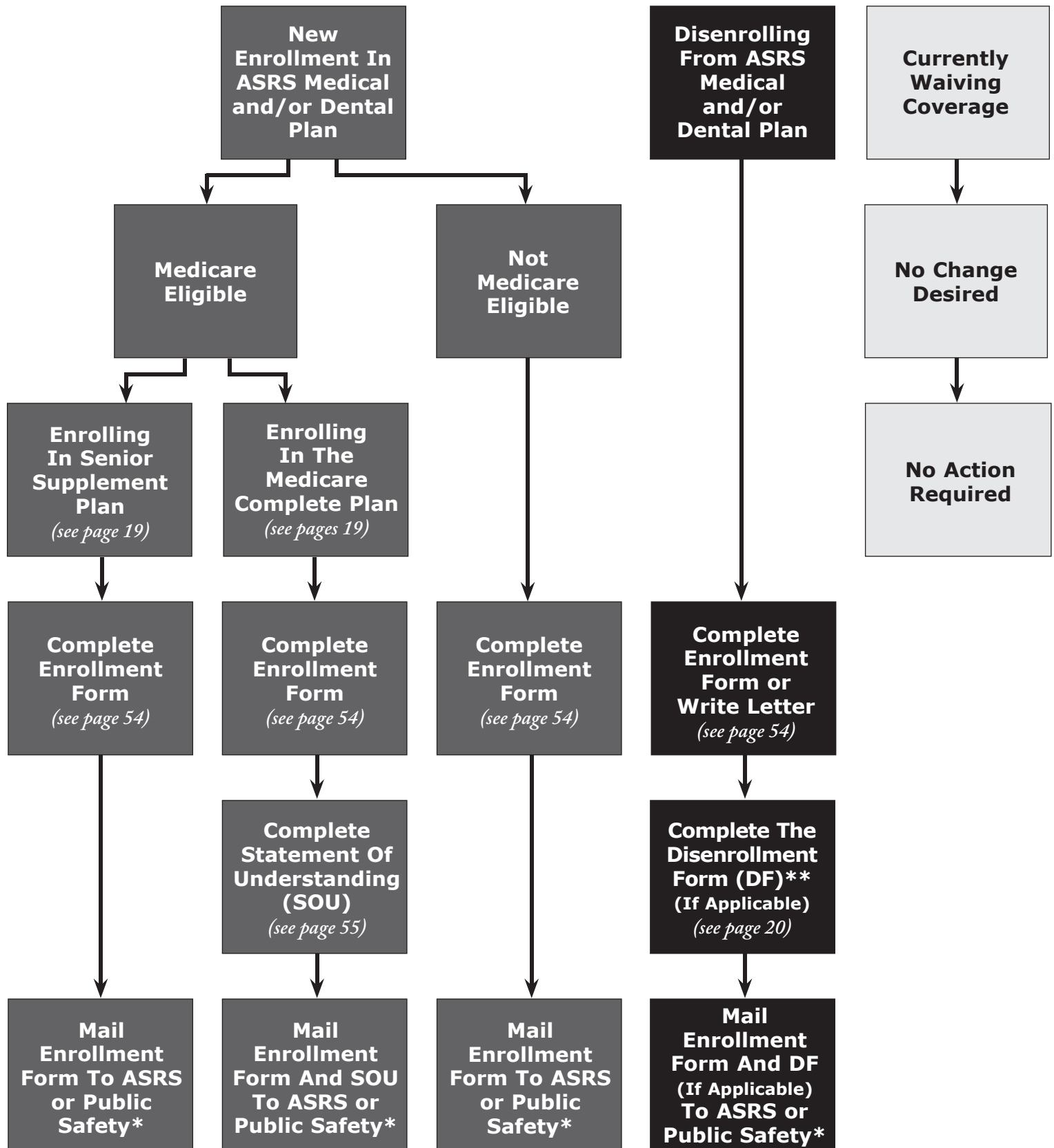


\*Mail enrollment form to Public Safety ONLY if you are a member of PSPRS, CORP, or EORP.

\*\*DF = Disenrollment Form



# ENROLLMENT *At-a-Glance*



\*Mail enrollment form to Public Safety ONLY if you are a member of PSPRS, CORP, or EORP.

\*\* DF = Disenrollment Form

# Retiree Health Insurance Open Enrollment Meetings

**October 25-November 19, 2010**

*No Reservations Required*

**P**resentations have been scheduled throughout Arizona from October 25 to November 19, 2010, with the Arizona State Retirement System (ASRS) Member Services Division and representatives of UnitedHealthcare, Assurant, ScriptSave and the SilverSneakers Fitness Program to discuss their health insurance and benefits programs.

These meetings are an opportunity for members to hear the insurance representatives make formal presentations about their plans.

**No appointment is necessary. Just come to the meeting day and time that best suits your schedule.** Early arrival is always recommended and attending an earlier meeting is encouraged if it is convenient for you to do so.

The meetings will begin at the time designated on the schedule that follows and are approximately two hours in length.

Question and answer sessions will follow each meeting. You are encouraged to ask questions regarding plan differences and applicability so that informed decisions are made concerning your participation in a selected medical and/or dental plan.

**Specific, personal medical and/or dental issues should be addressed to UnitedHealthcare or Assurant Customer Service Centers. Their phone numbers are on the inside back cover of this guide.**

If you are a PSPRS, CORP or EORP retiree, do not hand in your enrollment form at these meetings. Please mail it to the PSPRS office in the pre-addressed return envelope PSPRS provided in their open enrollment packet.

# 2010 Open Enrollment Meeting Schedule

<b>PHOENIX</b>	ASRS Boardroom, 3300 N Central Ave 10th Flr	10/25	10 AM & 2 PM
	ASRS Boardroom, 3300 N Central Ave 10th Flr	10/27	10 AM & 2 PM
	ASRS Boardroom, 3300 N Central Ave 10th Flr	10/29	10 AM
	ASRS Boardroom, 3300 N Central Ave 10th Flr	11/3	10 AM
	ASRS Boardroom, 3300 N Central Ave 10th Flr	11/4	2 PM
	ASRS Boardroom, 3300 N Central Ave 10th Flr	11/8	10 AM
	ASRS Boardroom, 3300 N Central Ave 10th Flr	11/9	2 PM
	ASRS Boardroom, 3300 N Central Ave 10th Flr	11/16	10 AM & 2 PM
	ASRS Boardroom, 3300 N Central Ave 10th Flr	11/18	10 AM
<b>TUCSON</b>	ASRS Boardroom, 7660 E Broadway Blvd, Suite # 101	10/26	10 AM & 2 PM
	Pima Cnty Natural Resources Parks/Rec, 3500 W River Rd	10/28	10 AM & 2 PM
	ASRS Boardroom, 7660 E Broadway Blvd, Suite # 101	11/3	10 AM & 2 PM
	ASRS Boardroom, 7660 E Broadway Blvd, Suite # 101	11/8	10 AM & 2 PM
	ASRS Boardroom, 7660 E Broadway Blvd, Suite # 101	11/19	10 AM & 2 PM
<b>CASA GRANDE</b>	Casa Grande Middle School, 330 W McMurray Blvd.	10/25	10 AM & 2 PM
<b>FLAGSTAFF</b>	City of Flagstaff Council Chambers, 211 W Aspen Ave	11/15	10 AM & 2 PM
	City of Flagstaff Council Chambers, 211 W Aspen Ave	11/16	10 AM
<b>FLORENCE</b>	Town of Florence Council Chambers, 775 N. Main Street	10/27	10 AM & 2 PM
<b>GLENDALE</b>	City of Glendale Council Chambers, 5850 Glendale Ave*	10/28	10 AM & 2 PM
<b>GLOBE</b>	City of Globe Council Chambers, 150 N Pine St	11/16	2 PM
<b>KINGMAN</b>	City of Kingman Council Chambers, 310 N 4th St	11/9	10 AM & 2 PM
	City of Kingman Council Chambers, 310 N 4th St	11/10	10 AM
<b>MESA</b>	Mesa Public School Board Room, 549 N Stapley Dr**	11/3	10 AM & 2 PM
	Mesa Public School Board Room, 549 N Stapley Dr**	11/12	10 AM & 2 PM
<b>PAYSON</b>	Town Of Payson Council Chambers, 303 N Beeline Hwy	11/1	11 AM
<b>PRESCOTT</b>	Yavapai County Admin - Mackin Bldg, 840 Rodeo Dr	11/5	10 AM & 2 PM
<b>SAFFORD</b>	Graham County Complex, 921 Thatcher Blvd Assembly Room	11/9	10 AM & 2 PM
<b>SIERRA VISTA</b>	Cochise College, 907 N Colombo Ave Student Union, Room 108	11/2	10 AM & 2 PM
<b>SHOW LOW</b>	Northland Pioneer College, 1001 W Deuce of Clubs Pioneer Room	11/4	10 AM & 2 PM
<b>TEMPE</b>	City of Tempe Council Chambers, 31 E Fifth St***	11/8	10 AM & 2 PM
<b>WICKENBURG</b>	Wickenburg Town Hall Council Chambers, 155 N Tegner	10/26	1 PM
<b>YUMA</b>	City of Yuma, 1 City Plaza	11/18	10 AM & 2 PM

*\*Handicapped may park in garage - all others must park in open lot at 59th Ave & Myrtle.*

*\*\*Please Park in the Conference Parking Lot. \*\*\* Park in garage east of City Hall; tickets will be validated.*

# Improvements, Changes & Important Information Regarding the 2011 ASRS Retiree Health Care Program

The ASRS is pleased to present the annual 2011 open enrollment. This year's open enrollment period will be held October 25 through November 19, 2010. You may enroll, change health plans, or add eligible family members not currently enrolled under this program. Any changes made during open enrollment take effect January 1, 2011. This is your once-a-year opportunity to change your current medical or dental coverage if you wish.

## **Do I need to take any action if I am already enrolled in ASRS insurance and want my coverage to carry over to 2011?**

This is not a positive re-enrollment of every member. **If you are currently enrolled in the in-state ASRS non-Medicare PacificCare HMO or UnitedHealthcare Choice Plus PPO plans, your plan will automatically switch over to the UnitedHealthcare Choice plan effective January 1, 2011. If you wish to DECLINE enrollment in the Choice plan, you must submit an enrollment form declining medical coverage.** Current ASRS benefit elections for all other enrolled members will automatically carry forward to 2011, unless a change in plan coverage is made.

**No action** on the part of a retired member or LTD recipient is required if you: are not currently enrolled in ASRS coverage and do not wish to enroll in coverage at this time; or, are enrolled in your former employer's health insurance program and do not want to change to the ASRS coverage; or, are already enrolled with ASRS in the MedicareComplete, Senior Supplement or out-of-state non-Medicare Choice Plus plan.

**DEADLINE:** If you are enrolling for the first time or making a change, your completed open enrollment form(s) **MUST** be submitted to ASRS, or PSPRS, if applicable, by **November 19, 2010**.

- Read all open enrollment information contained in this guide. Mark your calendar to attend one of the statewide health insurance open enrollment meetings.
- Review the open enrollment Frequently Asked Questions (FAQs) section in this guide.
- If you want or need to make a change, complete the enrollment form and submit by the deadline.
- **Non-Medicare HMO and in-state PPO enrollees will automatically be enrolled in the Choice plan unless an enrollment form declining coverage is submitted.**

## **Important Information About Medicare Part D**

ASRS Medicare eligible members have prescription drug coverage as part of their medical plans that is as good or better than what is available under Medicare Part D. So you should not enroll in a separate non-ASRS Part D Plan. Enrollment in a separate non-ASRS Medicare Part D Prescription Drug Plan will require the ASRS and UnitedHealthcare to terminate your ASRS coverage. Medicare does not allow you to be enrolled in two Part D plans at the same time.



# What's New for 2011

## New Medical Plans Contract

UnitedHealthcare will continue to provide ASRS retired and disabled members comprehensive and quality health care coverage for 2011. There are premium increases for some plans and medical plan provision changes with respect to certain ASRS retiree medical plans. Please see the plan comparison charts in this Open Enrollment Guide for greater details of UnitedHealthcare's medical plans.

## Plan Premiums

The ASRS Medicare-eligible medical plans rely heavily on subsidization from The Centers for Medicare and Medicaid Services (CMS). CMS lowered its revenue to insurance companies that offer Medicare Advantage HMO plans, like the SecureHorizons MedicareComplete plan. Also the Senior Supplement plan experienced a 5% increase in its payment for professional (doctors and specialist) fees. ASRS medical and prescription drug expenses increased and enrollment increased in most plans.

The ASRS non-Medicare medical plans have no outside additional revenue sources (for example, CMS) to supplement the cost. This population saw an increase in its health care expense trend along with increases in the enrolled population.

In summary, revenue and reimbursement from Medicare are decreasing; however, claims expense trends are increasing.

Premiums increased in all but two plans. Non-Medicare PPO plan enrollees who live in Maricopa, Pima and Pinal counties will have a decrease in monthly premiums and Medicare Senior Supplement plan members will experience no increase in monthly premiums. The chart below shows the 2010 premiums by plan and the new monthly premiums effective January 1, 2011.

<b>UNITEDHEALTHCARE PREMIUM – SINGLE COVERAGE ONLY</b>		
<b>MEDICAL PLANS:</b>	<b>Current:</b>	<b>New:</b>
<b><u>MEDICARE PLANS:</u></b>		
Senior Supplement	\$342	\$342
MedicareComplete - Urban	\$158	\$190
MedicareComplete - Rural	\$230	\$260
<b><u>NON-MEDICARE PLANS:</u></b>		
HMO Plan*	\$498	\$583*
Choice Plus PPO Plan - Urban*	\$662	\$583*
Choice Plus PPO Plan - Rural*	\$448	\$583*
Choice Plus PPO Plan (out-of-state)	\$700	\$817

*\* All non-Medicare retirees who live in Arizona will have the UnitedHealthcare Choice (in-network only) plan in which they may enroll.*

# What's New for 2011

## Members to See Few Changes to Plan Provisions

Plan provision adjustments are focused to limit the impact on retirees. Several plans lowered the annual out-of-pocket maximum benefit, the lifetime maximum and annual deductibles were eliminated, and the out-of-pocket family maximum was reduced. Prescription co-payments have been adjusted and co-payments have been added for some services. The expansion of providers and the elimination of the gatekeeper Primary Care Physician in the non-Medicare HMO plan will give the non-Medicare retirees and dependents more choice and freedom in selecting physicians. Please see the plan comparison charts in this Open Enrollment Guide for greater details of UnitedHealthcare's medical plans.

## Non-Medicare HMO Plan Changes

The non-Medicare HMO plan will change from the PacifiCare SignatureValue HMO plan to the UnitedHealthcare Choice plan. Along with the plan and name change, there is also a change in contracted providers. Contracted providers are now under the UnitedHealthcare Choice provider network. The majority of retirees and dependents currently enrolled in PacifiCare's HMO plan will not have to change physicians as there is a significant overlap in providers. However, some retirees and dependents will have to select new providers as some providers are only contracted under the PacifiCare SignatureValue HMO provider network.

Non-Medicare retirees and dependents will no longer be required to have a Primary Care Physician (PCP) for 2011 on the UnitedHealthcare Choice plan. In the past, it was required to choose a PCP from the PacifiCare SignatureValue HMO provider network. Access to the majority of contracted specialists required a referral from your PCP. On the 2011 UnitedHealthcare Choice plan, non-Medicare retirees and dependents will have direct access to all contracted physicians and providers without the need of a

PCP referral.

If you are currently enrolled in the non-Medicare PacifiCare SignatureValue HMO plan, there is nothing you need to do. This is not a positive enrollment and you do not have to fill out any Open Enrollment forms for this change to take place. Your current enrollment will automatically switch over to the UnitedHealthcare Choice plan effective January 1, 2011. If you wish to decline enrollment in the UnitedHealthcare Choice plan, please submit an enrollment form declining medical coverage in the envelope provided.

## Non-Medicare In-State PPO Plan Changes

The non-Medicare UnitedHealthcare Choice Plus PPO plan for in-state enrollees will now become the UnitedHealthcare Choice plan.

Unlike the UnitedHealthcare Choice Plus PPO plan, there is no out-of-network benefit. The Choice plan is an in-state in-network plan only. However, out-of-network services for emergency and urgent care (unforeseen) will be covered under the UnitedHealthcare Choice plan.

The UnitedHealthcare Choice plan is similar to an HMO plan in that benefits are generally provided through co-payments rather than through co-insurance amounts and similar to a PPO plan in that retirees may access any provider in the network rather than requiring a Primary Care Physician to direct all medical care. Also, the provider networks in the UnitedHealthcare Choice plan are identical to the networks offered in the UnitedHealthcare Choice Plus PPO plan. So, finding a new doctor won't be necessary.

The new UnitedHealthcare Choice plan eliminates the \$500 annual deductible and reduces the out-of-pocket family maximum.

If you are currently enrolled in the in-state UnitedHealthcare Choice Plus PPO plan, there is nothing you need to do. This is not a positive

# What's New for 2011

enrollment and you do not have to fill out any Open Enrollment forms for this change to take place. Your current enrollment will automatically switch over to the UnitedHealthcare Choice plan effective January 1, 2011. If you wish to decline enrollment in the UnitedHealthcare Choice plan, please submit an enrollment form declining medical coverage in the envelope provided.

## **Assurant Dental Lowers Premiums for 2011**

Dental rates for 2011 will be reduced for the Freedom Advance, Freedom Basic and non-Arizona Prepaid plans. The prepaid Arizona plan premiums remain unchanged. And all plan provisions remain the same. Assurant has guaranteed these changes for 2011, 2012 and 2013. See dental plan provisions in this Open Enrollment Guide for the new reduced premiums and additional information on the dental program.

## **Retiree Insurance Cards to Change for Some Plans**

Non-Medicare PacifiCare SignatureValue HMO and UnitedHealthcare Choice Plus PPO members who live in Arizona will be receiving a new ID card. These plans are being discontinued as of December 31, 2010. The new plan is called UnitedHealthcare Choice. Please see the section in this Guide that identifies what your ID card should look like.

All other plan members will not be getting a new ID card. Your current medical plan ID card will be valid for 2011. ID cards will only be provided to newly enrolled members and members changing medical plans.

# About This Guide

Information provided in this guide is intended solely as a reference to help you make important enrollment decisions.

The benefits described are highlights of the Arizona State Retirement System's (ASRS) retiree health insurance program and are effective January 1, 2011 unless otherwise noted.

This guide constitutes a summary of the ASRS' official plan documents, contracts, Arizona statutes and federal regulations that

govern the plans. If there is any discrepancy between the information in this Guide and the official documents, the official documents will always govern.

The Arizona State Retirement System reserves the right to change or terminate any of its plans, in whole or in part, at any time.

*Published by:*

Arizona State Retirement System  
External Affairs Division  
3300 North Central Avenue  
Phoenix, AZ 85012

## Overview of 2011 Retiree Group Health Insurance Program

**PLEASE READ THIS GUIDE CAREFULLY.**

The Arizona State Retirement System (ASRS) will conduct its 2011 retiree group health insurance program open enrollment beginning Monday, October 25, 2010, and concluding Friday, November 19, 2010. Coverage you select will become effective January 1, 2011. **The information in this guide will assist you in making informed decisions about your health insurance coverage for 2011**, as well as prepare you for any **changes in deductions from pension checks or changes in premium amounts** billed to you beginning January 1, 2011.

### **Who is eligible to participate?**

Enrollment applies to any retired member and eligible dependents of the ASRS, Public Safety Personnel Retirement System (PSPRS), Elected Officials' Retirement Plan (EORP), Corrections Officer

Retirement Plan (CORP), University Optional Retirement Plans (UORP), or any member who begins to receive a long-term disability (LTD) benefit from the ASRS program and who may not be enrolled in health insurance benefits through his or her former employer.

ASRS members who receive a lump sum retirement benefit instead of a monthly annuity are also eligible to participate in the health insurance program.

If you are currently enrolled for health insurance with your former employer, please contact them for specific employer-related enrollment information and continued eligibility for their insurance coverage.

### **Who is an 'eligible dependent'?**

Your legal spouse,

A domestic partner, which is defined as a legal or personal relationship between two individuals who live together and share a common domestic life but are neither joined by a traditional marriage nor a civil union,

A natural child, legally adopted or placed for adoption children or stepchildren up to age 26,

A child for whom legal guardianship has been awarded to the retiree or retiree's spouse up to the age of 26,

Foster children up to the age of 26,

A child for whom insurance is required through a Qualified Medical Child Support Order or other court or administrative order,

A child of any age who is or becomes disabled and dependent upon the retiree.

### **Who is an eligible Domestic Partner?**

Effective January 1, 2009, health insurance coverage was extended to an eligible member's domestic partner. The ASRS will now offer medical and dental coverage to same-gender and opposite-gender domestic partners and their eligible dependent children.

To obtain these benefits, your partner must meet the ASRS definition of a domestic partner. A domestic partnership is a legal or personal relationship between two individuals who live together and share a common domestic life but are neither joined by a traditional marriage nor a civil union. A Domestic Partner must share, among other criteria, a residence with the retiree and have done so continuously for the past 12 months, not legally married to or separated from anyone else, not a close blood relative, at least 18 years old, and meets certain financial interdependency test (see criteria below).

To add a domestic partner to your coverage you must complete the Qualified Domestic Partner Certification packet. This packet includes the *Qualified Domestic Partner Affidavit*, *Declaration of Tax Status* and the *Worksheet for Determining Dependent Status*. Before completing the paperwork and submitting it to the ASRS, it is best if you review the eligibility requirements first. Be sure to return the forms (excluding the Worksheet) to ASRS along with a completed enrollment form by November 19, 2010. The domestic partner paperwork will need to be notarized. Any questions regarding the tax implications should be directed to your personal tax consultant or attorney. ASRS staff does not provide tax advice or counsel.

### **Eligible Domestic Partner**

- A. Your domestic partner is subject to the following qualifications:
  - a. Shares the retiree's permanent residence;
  - b. Has resided with the retiree continuously for at least 12 consecutive months before filing an application for benefits and is expected to continue to reside with the retiree indefinitely as evidenced by an affidavit filed at time of enrollment;
  - c. Has not signed a declaration or affidavit of domestic partnership with any other person and has not had another domestic partner within the 12 months before filing an application for benefits;
  - d. Does not have any other domestic partner or spouse of the same or opposite sex;
  - e. Is not currently legally married to anyone or legally separated from anyone else;
  - f. Is not a blood relative any closer than



would prohibit marriage in Arizona;

- g. Was mentally competent to consent to contract when the domestic partnership began;
- h. Is not acting under fraud or duress in accepting benefits;
- i. Is at least 18 years of age; and
- j. Is financially interdependent with the retiree in at least three of the following ways:
  - i. Having a joint mortgage, joint property tax identification, or joint tenancy on a residential lease;
  - ii. Holding one or more credit or bank accounts jointly, such as a checking account, in both names;
  - iii. Assuming joint liabilities;
  - iv. Having joint ownership of significant property, such as real estate, a vehicle, or a boat;
  - v. Naming the partner as beneficiary on the retiree's life insurance, under the retiree's will, or retiree's retirement annuities and being named by the partner as beneficiary of the partner's life insurance, under the partner's will, or the partner's retirement annuities; and
  - vi. Each agreeing in writing to assume financial responsibility for the welfare of the other, such as durable power of attorney; or
  - vii. Other proof of financial interdependence as approved by the Director.

The packet can be obtained by calling the ASRS Member Advisory Center (MAC) at (602) 240-2000 (Phoenix Area), (520) 239-3100 (Tucson Area), (800) 621-3778

(outside metro areas) weekdays from 8 AM to 5 PM.

**If you enroll your eligible dependent(s), additional documentation will be requested:**

If you have a dependent child approaching age 26 who is disabled or under legal guardianship, you will be requested to provide:

- a certified copy of a court order granting legal guardianship, or
- verification that your dependent child has a qualifying permanent disability that occurred prior to his or her 26th birthday and is in accordance with Social Security Administration guidelines. This continuation of coverage is also subject to approval by the Medical Director of the Medical and/or Dental Health Insurance providers for ASRS.

**Who should complete a 2011 Enrollment Form?**

You **must** complete and return your 2011 Enrollment Form if you:

- are electing a different medical plan,
- are electing a different dental plan,
- are adding dependents,
- are dropping coverage (this means you are currently enrolled with ASRS and you wish to cancel your coverage) you may also send a letter in lieu of submitting an enrollment form,
- are a new enrollee with the ASRS,
- become Medicare eligible in January 2011, and wish to be covered, or
- move your primary residence which would cause a change in health care plan eligibility.

If you fall into one of these categories, and you want medical and/or dental insurance through the ASRS during 2011, you **must** complete a 2011 Enrollment Form in its entirety and return by **November 19, 2010**.

If you are a non-Medicare HMO or in-state Choice Plus PPO plan enrollee who wishes to not be enrolled automatically in the UnitedHealthcare Choice plan you must submit an enrollment form declining medical coverage.

### **Should every eligible member complete an enrollment form?**

This is not a positive re-enrollment for most members. **If you are currently enrolled in the non-Medicare HMO or in-state UnitedHealthcare Choice Plus PPO plan, your plan will automatically switch over to the UnitedHealthcare Choice plan effective January 1, 2011. If you wish to decline enrollment in the UnitedHealthcare Choice plan, you must submit an enrollment form declining medical coverage.** No action on the part of a retired member or LTD recipient is required if you:

- **are already enrolled** with ASRS in the MedicareComplete, Senior Supplement or out-of-state non-Medicare Choice Plus PPO plan,
- **are not currently enrolled** for ASRS coverage and do not wish to enroll for coverage at this time, or
- **are enrolled in your former employer's** health insurance program and do not want to change to the ASRS coverage.

### **Must I use the 2011 Enrollment Form?**

The 2011 Enrollment Form will be the only enrollment form acceptable to enroll in, or make changes to, health insurance plan coverage. The enrollment form is included in the open enrollment packet along with a pre-addressed return envelope for your convenience.

However, if you are satisfied with your current elections and you wish to make NO CHANGES, then no enrollment form is required to be submitted. **Currently enrolled non-Medicare HMO and in-state UnitedHealthcare Choice Plus**

**PPO plan members will automatically be enrolled in the UnitedHealthcare Choice plan. If you do not want this coverage, you must submit an enrollment form declining coverage.**

**Important reminder:** If you want or need to make a change, please complete the enrollment form in its entirety. Even if you are only changing from one medical plan to another medical plan or from one dental plan to another dental plan, fill out the form completely.

**Failure to check a plan coverage you want will indicate that you are NOT enrolling in that coverage.**

So, be thorough. If, in fact, you are declining coverage, please check the appropriate box(es). **A properly completed enrollment form must be received by the ASRS or PSPRS, if applicable, or be postmarked no later than midnight, Friday, November 19, 2010.**

### **What will happen to the ASRS retiree medical plan in which I am enrolled when I become eligible for Medicare?**

If you are enrolled in an ASRS medical plan and you become eligible for Medicare, **you MUST enroll in one of the two ASRS medical plans for Medicare eligible retirees.** Failure to enroll timely in one of the Medicare plans will result in termination of your medical coverage and you will not be able to enroll in an ASRS Medicare medical plan until the next open enrollment period. The ASRS has medical plans for retirees who are not Medicare eligible and plans for retirees who are Medicare eligible.

Your plan change will become effective on the first day of the month in which you become eligible for Medicare (provided ASRS receives all required information prior to the requested effective date). This means that you need to notify the ASRS or PSPRS, if applicable, **prior** to the month

in which you become Medicare eligible. The Centers for Medicare and Medicaid Services (CMS) will mail a Medicare card to you 3 months prior to your eligibility. The Medicare card will include your name, Medicare claim number, the type of coverage you have (Part A, Part B, or both), and the date your Medicare coverage starts. If you are eligible for Medicare, **you must have Part A and Part B to participate in an ASRS Medicare eligible medical plan.** In addition to completing a new health insurance enrollment form, you will need to provide a copy of your Medicare card to the ASRS or PSPRS, if applicable. Please remember that you need to submit your completed paperwork prior to the first of the month in which you become Medicare eligible.

If you elect to enroll in the MedicareComplete plan, you are also required to submit a Statement of Understanding (SOU).

If you have been receiving Social Security Disability Income benefits for two years, you may become eligible to enroll in Medicare. You should complete your Medicare enrollment process well before your eligibility date so that you may transition to an ASRS Medicare eligible medical plan in a timely manner.

**I forgot to notify the ASRS or PSPRS, if applicable, that I became Medicare eligible. What will happen to the retiree medical plan in which I am enrolled?**

If you fail to notify the ASRS or PSPRS, if applicable, that you became Medicare eligible, the medical plan in which you are enrolled will continue unchanged until you properly complete the enrollment process. It is very important to note that **the premium benefit to which you are entitled will reduce** to the amount applicable to Medicare eligible retirees. As a result,

**you will be paying a larger portion** of your health insurance premium by remaining in your non-Medicare plan. State law governs how much premium benefit is paid for non-Medicare and Medicare eligible retirees. In order to receive the highest premium benefit and pay the lowest health insurance premium, please let the ASRS or PSPRS, if applicable, know that you are eligible for Medicare **prior** to the month in which you become Medicare eligible.

Your ASRS coverage will always be effective on the first day of the month **following** receipt of your completed ASRS enrollment application. Therefore, **there is no retroactive coverage** for health insurance. Please remember to begin your enrollment process with the ASRS or PSPRS, if applicable, **before** you become Medicare eligible.

### **What is the Premium Benefit Program?**

This benefit is provided to each eligible retired and disabled member who elects to participate in a health insurance plan sponsored by the ASRS, the Arizona Department of Administration, or a participating employer. This benefit helps reduce monthly health insurance premiums. The benefit to which you are entitled is dependent upon your years of credited service, enrollment in single or family coverage and whether you are Medicare eligible.

### **Are you a retiree or LTD recipient enrolled in a health care plan provided by your employer?**

If you are enrolled in a Participating Employer's health care plan and you wish to become enrolled in the ASRS retiree health care program, you must complete a health insurance enrollment form and return it to the ASRS or PSPRS, if applicable, by close of the open enrollment period November 19, 2010 to have your ASRS coverage effective on January 1, 2011.

You should be aware when your employer conducts their open enrollment so that your coverage with them does not lapse before your ASRS coverage begins. Also, if you are receiving your employer's health care program because of a COBRA event, you should be aware when that coverage terminates. You have a 31-day grace period upon termination of your employer's COBRA coverage to enroll in an ASRS health care plan.

If you fail to enroll with the ASRS in a timely manner you will have to wait until the next ASRS open enrollment period to complete a health insurance enrollment form and be eligible for the ASRS retiree health care program.

**After I enroll in an ASRS retiree health care plan, when can I expect to receive my ID cards?**

UnitedHealthcare will mail your medical plan ID card(s) approximately 10 days prior to the first day of the month in which your medical plan becomes effective. Likewise, Assurant will mail your dental plan ID card(s) approximately 10 days prior to the first day of the month in which your dental plan becomes effective.

**My current coverage is available next year and I do not want to change. What do I need to do?**

Your coverage will automatically continue into next year. It is not necessary to send any form to the ASRS or PSPRS if applicable. **If you are a non-Medicare HMO or in-state UnitedHealthcare Choice Plus PPO plan enrollee who wishes to not be enrolled automatically in the UnitedHealthcare Choice plan you must submit an enrollment form declining medical coverage.**

**I wish to cancel my coverage. What do I need to do?**

All cancellations must be in writing. You may use the ASRS or PSPRS, if applicable, enrollment form to decline medical and/or dental coverage or you may send a letter to cancel your coverage. Your written termination request must be received by the ASRS or PSPRS, if applicable, prior to the first of the month in which you wish to cancel. Written termination requests received after the first of the month will be applied to the first of the following month unless a future date is requested.

If you are enrolled in the Medicare Complete or Senior Supplement plans, you must also submit a Disenrollment Form to "unlock" your Medicare so you may return to traditional Medicare.

**When does the group insurance open enrollment period end?**

The open enrollment period for health insurance elections will close Friday, November 19, 2010. This means that if you are making new elections or adding or deleting dependents from your health insurance coverage, your enrollment form must be received by the ASRS or PSPRS, if applicable, or be postmarked no later than midnight, Friday, November 19. You must do this in order for your requested election(s) to be effective on January 1, 2011.

**What will happen if I don't submit my enrollment form by November 19, 2010?**

If you wish, or are required, to make a plan change and you fail to submit your completed enrollment form by the close date, your election(s) will not become effective.

Consequently, you may lose coverage and will not be eligible to re-enroll in the ASRS retiree health insurance program until the next open enrollment, which will take place in the autumn of 2011. However, should you experience a "qualifying event," as defined by



law, during the course of the year, you may enroll in an ASRS retiree medical and/or dental plan at that time.

### **What is a qualifying event?**

A “qualifying event” permits members to make certain mid-year changes to their benefits coverage that are consistent with the qualifying event. If you have a qualifying event and want to enroll or are required to make a change in your coverage, (i.e., add or delete dependents or are required to change your benefit plan), you must notify the ASRS or PSPRS if applicable, Member Services, in writing, within 31 days of the event to request a change. Following is a list of eligible qualifying events:

- change in member’s marital status, such as a marriage, divorce, legal separation, annulment, death of spouse (i.e., enroll yourself and/or add or delete a spouse),
- change in dependent status, i.e. birth, adoption, placement for adoption, death, or dependent eligibility due to age, marriage, student status (i.e., enroll yourself and/or add or delete eligible dependents),
- change in member’s primary residence causing a change in benefit plan availability (i.e., change medical and/or dental plans),
- eligibility for Medicare, i.e. member, spouse, dependent child (enroll yourself and add your eligible dependents in a medical and/or dental plan or, if enrolled, change medical plan of affected person),
- significant change in spouse’s group benefits plan cost or coverage (i.e., enroll yourself if you are enrolled in your spouse’s group benefit plan and/or add or delete eligible dependents),
- significant change in Participating Employer’s group benefits plan cost or coverage (i.e., enroll yourself and add eligible dependents), and

- termination of COBRA coverage - member, spouse, dependent child (i.e., enroll yourself and/or add eligible dependents).

### **I am Medicare eligible. Do I have hearing benefits through my medical plan?**

The MedicareComplete Plan covers routine annual hearing exams at no charge and has a \$500 hearing aid allowance every 36 months.

**Also available for Medicare and non-Medicare members is the Arizona HearCare Network (AHCN).** AHCN is a discount program NOT an insurance benefit. AHCN providers, at no additional premium to the participant, offers the following:

- \$25 copayment for hearing evaluations,
- 30% discount towards the purchase of hearing aids
- 30% discount on accessories and repairs

You must show your UnitedHealthcare ID card to be eligible for these benefits and must use an Arizona HearCare Network office. AHCN locations are detailed on the web or through the AHCN Customer Service Center. See the inside back cover of this guide for AHCN's phone number and website.

### **Must I notify the ASRS (or PSPRS, if applicable) of an address change?**

Yes, all mailings, including pension and LTD benefit plan checks, newsletters, open enrollment and additional insurance information are delivered to the address of record on file with the ASRS or if applicable, PSPRS. It is always in your best interest to ensure a correct mailing address.

While it is understood that many retirees



their benefit checks and others have seasonal or even secondary addresses (such as a PO Box), the address of the primary residence is key to the availability of medical plan options and their costs as well as the forwarding of important periodic information that may be time sensitive.

In short, it is your responsibility to let the ASRS or PSPRS, if applicable, know in writing when you have an address change.

### **How can I find out more about my health care choices?**

All eligible members are encouraged to access the ASRS or if applicable, PSPRS website, which is full of useful overviews and explanations regarding many topics of interest. The ASRS website may be found at [www.azasrs.gov](http://www.azasrs.gov). The PSPRS website may be found at [www.psprs.com](http://www.psprs.com).

The open enrollment meetings schedule is listed in the front section of this Guide.

### **What is the ASRS Health Insurance Advisory Committee?**

The ASRS has convened a committee of retiree representatives from various major public employee and retiree associations as well as the state's other retirement system and plans. The committee is charged with the responsibility for making recommendations to the ASRS Operations Committee of the Board regarding ASRS retiree health insurance plans; educating

itself about the substantive issues affecting senior health care; serving as a sounding board for ideas and concerns to prevent or minimize systemic problems in the administration of retiree health care; and, providing insight and representation on the direction of "their" and "your" health care plans.

Committee members represent the following organizations:

- AZ Education Association – Retired
- AZ Federation of State, County, and Municipal Employees
- AZ Association of School Business Officials
- All AZ School Retirees Association
- ASU Retirees Association
- NAU Retirees Association
- Arizona State Retired Employees Association
- Public Safety Personnel Retirement System
- League of Cities and Towns
- Maricopa County Community College Retiree Association
- UA Retirees Association
- AZ School Administrators' Association
- Corrections Officer Retirement Plan
- Elected Officials' Retirement Plan
- Arizona State Retirement System
- Arizona Association of Counties

### **What if I have questions or need additional help?**

Questions may be directed to:

#### **ASRS MEMBER SERVICES**

Monday-Friday, 8 A.M.– 5 P.M.

Phoenix: (602) 240-2000

Tucson: (520) 239-3100

Outside Metro areas: (800) 621-3778

Hearing Impaired: (602) 240-5333

Please listen to the voice menu as it will assist you in speaking with the most appropriate person for your questions.

If applicable, questions may also be directed to **Public Safety Personnel Retirement System Member Services staff at (602) 255-5575**. You may also contact UnitedHealthcare and Assurant Employee Benefits directly for assistance. Phone numbers and web addresses are located on the inside back cover of this guide.

# ASRS Retiree Medical Plans

For 2011, UnitedHealthcare continues to be the sole provider offering medical benefits to eligible public sector retirees and LTD recipients and their eligible dependents through the Arizona State Retirement System.

Depending upon where you live and whether you are eligible for Medicare, UnitedHealthcare has the following plans from which to choose: MedicareComplete (a Medicare Advantage HMO plan); a Medicare Supplement Plan that acts as a secondary payer to Medicare (Senior Supplement Plan); a non-Medicare in-network and in-state medical / prescription drug plan (UnitedHealthcare Choice plan); and, a non-Medicare out-of-state UnitedHealthcare Choice Plus PPO plan.

## Non-Medicare Eligible Plans

### UnitedHealthcare Choice Plan (In-Network & In-State Only)

**CHOICE** is an in-network only plan that gives members the freedom to see any physician, specialist, hospital or other healthcare professional in the network - without a referral.

**NOTE:** The PacifiCare HMO and Choice Plus PPO plans for in-state non-Medicare retirees are being replaced by the UnitedHealthcare Choice (in-network only) plan. This plan is similar to an HMO in that benefits are provided through co-payments rather than through insurance amounts and similar to a PPO plan in that retirees may access any provider in the network rather than requiring a Primary Care Physician (PCP) to direct all medical care.

### UnitedHealthcare Choice Plus PPO (Out-of-State)

**CHOICE PLUS** has coverage for in-network providers, as well as, non-network providers. It also gives members the freedom to see any physician, specialist, hospital or other healthcare professional in the network - without a referral. But Choice Plus gives members the added flexibility to seek care from doctors and hospitals outside the network - and still receive coverage. In order to control costs, additional out-of-pocket costs apply for non-network care.

## Medicare Eligible Plans

### MedicareComplete Plan

**MedicareComplete Plan** is a plan for members who are enrolled in Medicare Parts A & B and in which UnitedHealthcare has entered into a contract with The Centers for Medicare and Medicaid Services (CMS), the federal agency that administers Medicare. This contract authorizes UnitedHealthcare to provide comprehensive health services to persons who are entitled to Original (traditional) Medicare benefits and who choose to enroll in the MedicareComplete Plan. By enrolling in the MedicareComplete Plan, you have made a decision to receive all your routine health care from UnitedHealthcare contracted providers. If you receive services from a non-contracted provider without prior authorization, except for emergency services, out-of-area urgently needed services and renal dialysis, neither UnitedHealthcare nor Medicare will pay for those services.

**Physician and network names are required on the enrollment form if you select the MedicareComplete Plan.** Provider directories are available upon request. The plan is an approved Medicare medical plan with an approved Medicare prescription drug plan.

### Senior Supplement Plan

**Senior Supplement Plan** is for members who are enrolled in both Medicare Parts A & B. With Senior Supplement you have the freedom to obtain medical care from any physician and hospital that accepts Medicare. The plan is a Medicare medical plan which includes an approved Medicare prescription drug plan.

# What Medical Plan Am I Eligible For?

### Medicare Eligible Retirees:

*Retirees and/or dependents residing in:*

- **All Arizona Counties** with Medicare Parts A and B may select either the MedicareComplete Plan or Senior Supplement.
- **All other states nationwide** with Medicare Parts A & B will have coverage through the Senior Supplement Plan.

### Non-Medicare Eligible Retirees:

*Retirees and/or dependents residing in:*

- **All Arizona counties** will have coverage under the UnitedHealthcare Choice plan.
- **All other states, nationwide** will have coverage under the UnitedHealthcare Choice Plus PPO Plan.

# Becoming Medicare Eligible

If you or your dependent will become Medicare eligible on your or their next birthday, there may be changes in your medical coverage, premiums or premium benefit that you need to know about. The address of your primary residence will dictate the Medicare plan for which you are eligible.

**You will need to complete a new enrollment form and the Statement of Understanding (SOU),** if applicable (see page 55). Please remember that your enrollment form and SOU may **NOT** be dated and signed more than 90 days prior to your effective date of coverage.

Please send the enrollment form, the SOU and a copy of your Medicare card(s) showing Parts

A & B or a copy of your Medicare Award letter to ASRS or PSPRS, if applicable, 30 days **prior** to the effective date of your Medicare coverage.

**Medicare becomes effective the first day of the month of your 65<sup>th</sup> birthday** (if your birthday is the first of the month, then the effective date is the first of the prior month). **The effective date of your ASRS medical coverage will be effective the first of the month following receipt of your enrollment form and SOU.** Therefore, simultaneous enrollment in Medicare and an ASRS medical plan is important.

A new ID card(s) and Certificate(s) of Coverage for your new medical plan will be sent by UnitedHealthcare after your forms have been processed.

## Disenrollment Form

**The Disenrollment Form must be completed and signed by all Medicare eligible retirees and/or dependents who are currently enrolled in the Medicare Complete or the Senior Supplement Plans and who are dropping that coverage.** This form requests that your health care coverage revert back to the traditional Medicare fee-for-service

program. The effective date will be the first day of the month following receipt of the Disenrollment Form, unless a future date is requested. Submission of a properly completed enrollment form "declining" coverage is also required. You may also write a letter to cancel coverage as long as it is signed by all Medicare-eligible members.

# Comparison of Benefits



**T**he medical plan comparison charts on the following pages contain a partial listing of the benefits offered to Medicare eligible and non-Medicare eligible retirees, LTD recipients and eligible dependents. Please remember that benefits are subject to plan limitations and exclusions.

After you enroll for coverage, UnitedHealthcare will send you an Identification (ID) Card and an Evidence of Coverage booklet for the MedicareComplete (HMO) plan or a Certificate of Coverage for the Choice, Choice Plus PPO, and Senior Supplement

Plans. Please review these documents before you begin to use services so you understand the terms and conditions of the plan you selected.

A glossary in the back of this Guide defines many of the terms used in the charts.

**Questions concerning your plan should be directed to the UnitedHealthcare Customer Service number listed on the back of your ID card or inside the back cover of this Guide.**



# 2011 Medicare Eligible Retiree Medical Plans Comparison Chart

The information contained in this chart is a partial summary of the medical benefits offered by UnitedHealthcare for Medicare eligible retirees, disabled members, and eligible dependents. It also serves as a comparison between plans.

Outpatient Benefits	SecureHorizons MedicareComplete	Senior Supplement		
	Member Pays	Medicare Pays	Supplement Pays	Member Pays
Doctor Office Visit	\$15 Copayment	80% of MAC* After \$155 Deductible	Deductible then 20% of MAC*	\$15 Copayment
Specialist Office Visit	\$30 Copayment			\$15 Copayment
Routine Physical	No Charge	Subject to Medicare Guidelines		
Immunizations	No Charge	80% of MAC* after Deductible	Deductible then 20% of MAC*	Subject to Medicare Guidelines
Outpatient Mental Health	\$30 Copayment	50% of MAC* after Deductible	Deductible then 50% of MAC*	\$0
Outpatient Surgical Services	\$100 Copayment	80% of MAC* after Deductible	Deductible then 20% of MAC*	\$150 copayment
X-Rays Outpatient-Standard Outpatient-Specialized Scans	No Charge \$50 Copayment	80% of MAC* after Deductible	Deductible then 20% of MAC*	\$0
Outpatient Lab Tests	No Charge	80% of MAC* after Deductible	Deductible then 20% of MAC*	\$0
Durable Medical Equipment	No Charge	80% of MAC* after Deductible	Deductible then 20% of MAC*	\$0
Skilled Nursing Facility	No Charge Limit of 100 days per Benefit Period	Days 1-20: 100% of MAC* Days 21-100: All but \$137.50 per day Days over 100: \$0	Days 1-20: \$0 Days 21-100: \$137.50 per day Days over 100: \$0	Days 1-20: \$0 Days 21-100: \$0 Days over 100: All Costs
Home Health Care	No Charge	100% of MAC*	\$0	\$0
Physical, Speech and Occupational Therapy	\$15 Copayment	80% of MAC*	Deductible then 20% of MAC*	\$0

\* Medicare Approved Charges (MAC)

# 2011 Medicare Eligible Retiree Medical Plans Comparison Chart

<b>Inpatient Benefits</b>	<b>MedicareComplete (SecureHorizons)</b>	<b>Senior Supplement</b>		
	<b>Member Pays</b>	<b>Medicare Pays</b>	<b>Supplement Pays</b>	<b>Member Pays</b>
Inpatient Hospital Expenses	\$100 per admission	Subject to Medicare Guidelines	Subject to Medicare Guidelines	\$150 Copayment with 1st admission only
Inpatient Mental Health	\$100 per admission 190 days Lifetime	Subject to Medicare Guidelines	Subject to Medicare Guidelines	\$150 Copayment with 1st admission only
<b>UnitedHealthcare Prescription Benefits</b>				
Tier 1/Tier 2 (Generic/Brand)	\$20/\$40 Copayment		All But Member Copay to \$2,840 Annual Max	\$10/\$35 Copayment**
Mail Order (90-day Supply)	\$40/\$80 Copayment	\$0		\$20/\$70 Copayment**
<b>Other Benefits</b>				
Emergency Room	\$50 Copayment (waived if admitted)	80% of MAC*	20% of MAC*	\$50 Copayment
Urgent Care Facility	\$15 Copayment	80% of MAC*	20% of MAC*	\$25 Copayment
Ambulance	\$25 Copayment	80% of MAC*	20% of MAC*	\$0
<b>Other</b>				
Hearing Exam/Aids	No Charge / \$500 Allowance Every 36 Mo.	Not Covered	Not Covered	All Costs
Deductible	None	\$0 per Person Outpatient Services	\$155 per Person Outpatient Services	\$0
Annual out-of-pocket maximum	\$6,700	No Maximum	No Maximum	\$6,700
Vision Exam	\$20 Copayment	Not Covered	\$80 Allowance Per Calendar Year	\$20 Deductible Plus All Cost Above Allowance
Lenses and Frames	\$130 Allowance per Calendar Year	Not Covered	\$130 Allowance Per Calendar Year	All Cost Above Allowance
SilverSneakers Fitness Program	Free Membership at Participating Clubs	\$0	Free Membership at Participating Clubs	\$0

\* Medicare Approved Charges (MAC). \*\* Member pays co-pay up to \$2,840.00 in Total Drug Expenditures. Member then pays 100% of prescription costs until \$4,550.00 in True Out-of-Pocket costs has been met. Member then pays \$2.50 generic, \$6.30 brand co-pay or 5% whichever is greater.

**Important Note:** This is only a brief summary of benefits. Please refer to the plan's Evidence of Coverage or Certificate of Coverage for a list of benefits and exclusions specific to the ASRS retiree medical plan. UnitedHealthcare will send you an Evidence of Coverage or Certificate of Coverage with complete information on the benefits, limitations and exclusions once your enrollment form is processed.

# Your Medicare Benefits

Your Medicare benefits are provided by the Federal Government and integrated through the ASRS Retiree Medical Plans. In order for a Medicare eligible ASRS retiree to be covered by an ASRS medical plan, the

retiree and, if family coverage is elected, his/her eligible dependent(s) who qualify for Medicare, must be enrolled in both Parts A and B of Medicare. Failure to enroll in

<b>MEDICARE PART A: 2010*</b>			
<b>Services</b>	<b>Benefit</b>	<b>Medicare Pays</b>	<b>You Pay</b>
<b>Hospitalization</b> Semiprivate room and board, nursing and other hospital services and supplies.	First 60 days	All costs less \$1,100	\$1,100
	61st to 90th day	All costs less \$275/day	\$275/day
	91st to 150th day	All costs less \$550/day	\$550/day
	Beyond 150 days	Nothing	All costs
<b>Skilled Nursing Facility (SNF) Care**</b> Semiprivate room and board, skilled nursing and rehabilitative services and other services and supplies.	First 20 days	100% of approved amount	Nothing
	Additional 80 days	All costs less \$137.50/day	\$137.50/day
	Beyond 100 days	Nothing	All costs
<b>Home Health**</b> Part-time skilled nursing, physical therapy, speech-language therapy, home health aide services, durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers) and supplies, and other services.	<b>You pay nothing</b> 100% of approved amount for Home Health Care		<b>20% of approved amount for durable medical equipment</b>
	<b>Have questions: Call your Regional Home Health Intermediary. Consult your Medicare booklet.</b>		
<b>Hospice Care**</b> Medical and support services from a Medicare-approved hospice, drugs for symptom control & pain relief, short-term respite care, care in a hospice facility, hospital, or nursing home when necessary, and other services not otherwise covered by Medicare. Home care is also covered.	Copayment of up to \$5 for outpatient prescription drugs. You pay 5% of the Medicare-approved amount for inpatient respite care (short-term care given to a hospice patient by another caregiver so that the usual caregiver can rest). If you have questions about Hospice care and conditions of coverage, call your Regional Intermediary. Consult your Medicare booklet.		
<b>Blood</b> Given at a hospital or skilled nursing facility during a covered stay.	You pay for the first three pints of blood, then 20% of the Medicare-approved amount for additional pints of blood after the deductible.		

\* You pay nothing for Part A of Medicare. You paid for Part A while you were employed and making FICA contributions.

\*\* You must meet certain conditions in order for Medicare to cover these services. Consult your Medicare booklet.

**Note:** Actual amounts you must pay are higher if the doctor does not accept Medicare assignment.

# Your Medicare Benefits

Medicare when the retiree becomes eligible will cause a delay in ASRS medical plan coverage.

These two pages contain a summary of Medicare coverage and premiums in effect for 2010. If you

wish additional information, contact the Centers for Medicare and Medicaid Services (CMS) either by phone at 1-800-633-4227 or at their website at [www.medicare.gov](http://www.medicare.gov).

MEDICARE PART B: 2010*	
Services	
<b>Medical and Other Services</b> Doctor's services (except for routine physical exams), outpatient medical and surgical services and supplies, diagnostic tests, ambulatory surgery center facility fees for approved procedures, and durable medical equipment (such as wheelchairs, hospital beds, oxygen and walkers).  Also covers outpatient physical and occupational therapy including speech-language therapy and mental health services.	<b>You Pay:</b> \$155 deductible (pay per calendar year). <input type="checkbox"/> 20% of approved amount after the deductible, except in the outpatient setting. <input type="checkbox"/> 20% for all outpatient physical, speech therapy and occupational therapy services. <input type="checkbox"/> 50% for most outpatient mental health services.
<b>Clinical Laboratory Service</b> Blood tests, urinalysis and more.	<b>You Pay:</b> Nothing for Medicare-approved services.
<b>Home Health Care**</b> Part-time skilled care, home health aide services, durable medical equipment when supplied by a home health agency while getting Medicare covered home health care and other services.	<b>You Pay:</b> Nothing for services. 20% of approved amount for durable medical equipment.
<b>Outpatient Hospital Services</b> Services for the diagnosis or treatment of an illness or injury.	<b>You Pay:</b> 20% of approved amount after the deductible.
<b>Blood</b> Pints of blood needed as an outpatient or as part of a Part B covered service.	<b>You Pay:</b> For the first 3 pints of blood, then 20% of the Medicare-approved amount for additional pints of blood after the deductible.

\*For 2010, the usual monthly Medicare Part B premium is \$96.40. This amount may increase for 2011.

\*\*You must meet certain conditions in order for Medicare to cover these services. Consult your Medicare booklet.

**Note:** Actual amounts you must pay are higher if the doctor does not accept Medicare assignment.

# 2011 Non-Medicare Eligible Retiree Medical Plans Comparison Chart

The information contained in this chart is a partial summary of the medical benefits offered by UnitedHealthcare for non-Medicare eligible retirees, disabled members and dependents.

Outpatient Benefits	CHOICE (All AZ Counties)	Choice Plus PPO (Outside AZ)	
	Member Pays	In-Network Plan Pays	Out-of-Network Plan Pays
Doctor Office Visits	\$20 Copayment	100% after \$15 Copayment	60%*
Specialist Office Visit	\$40 Copayment		
Routine Physical	\$20 Copayment	100% after \$15 Copayment	60%*
Examinations/Immunizations	\$20/\$40 Copayment	100% after \$15 Copayment	60%*
Vision Examination	\$40 Copayment	\$15 Copayment One exam every two years	Not Covered
Hearing Examination	\$40 Copayment	Not Covered	Not Covered
Outpatient Mental Health	\$40 Copayment	100% after \$15 co-payment	60%*
Outpatient Hospital Services	30%	80%*	60%*
X-Rays Outpatient – Standard	\$20 Copayment	100%	60%*
Outpatient – Specialized Scans	\$150 Copayment	80%*	60%*
Outpatient Lab Tests	No Charge	100%	60%*
Durable Medical Equipment	No Charge	80%*	60%*
Prosthetic Devices	50%	80%*	60%*
Skilled Nursing Facility	No Charge	80%*	60%*
Home Health Care	No Charge	80%*	60%*
Physical, Speech and Occupational Therapy	\$40 Copayment	100% after \$15 co-payment	60%*

\* Subject to Calendar Year Deductible



# 2011 Non-Medicare Eligible Retiree Medical Plans Comparison Chart

	<b>CHOICE (All AZ Counties)</b>	<b>Choice Plus PPO (Outside AZ)</b>	
<b>Inpatient Benefits</b>	<b>Member Pays</b>	<b>In-Network Plan Pays</b>	<b>Out-of-Network Plan Pays</b>
Inpatient Hospital Expenses	30%	80%*	60%*
Inpatient Mental Health	30%	80%*	60%*
<b>Prescription Benefits</b>	<b>Formulary</b>	<b>Formulary</b>	<b>Formulary</b>
Tier 1 / 2 / 3 / 4 (Generic / Brand)	\$10/\$50/\$75/\$75	\$10/\$50/\$75/\$75	\$10/\$50/\$75/\$75
Mail Order (90 day supply)	\$25/\$125/\$188/\$188	\$25/\$125/\$188/\$188	\$25/\$125/\$188/\$188
<b>Other Benefits</b>	<b>Member Pays</b>	<b>In-Network Plan Pays</b>	<b>Out-of-Network Plan Pays</b>
Emergency Room	\$100 Copayment (waived if admitted)	\$100 deductible (waived if admitted)	\$100 deductible (waived if admitted)
Urgent Care Facility	100% after \$40 co-payment	100% after \$40 co-payment	60%*
Ambulance	No Charge	80%*	80%*
Lenses and Frames	Not Covered	Not Covered	Not Covered
Hearing Aids	\$5,000 Allowance per 36 months	Not Covered	Not Covered

\* Subject to Calendar Year Deductible

# 2011 Non-Medicare Eligible Retiree Medical Plans Comparison Chart

Other	CHOICE (All AZ Counties)
	Member Pays
Calendar Year Deductible	None
Out of Pocket/ Coinsurance Maximum	\$3,000 per Individual \$6,000 per Family
Maximum Lifetime Benefit	No Maximum
SilverSneakers Fitness Program	Free Membership at Participating Clubs

**Important Note:** This is only a brief summary of benefits. Please refer to the plan's Certificate of Coverage for a list of benefits and exclusions specific to the ASRS retiree medical plan. UnitedHealthcare will send you a Certificate of Coverage with complete information on the benefits, limitations and exclusions once your enrollment form is processed.

# 2011 Non-Medicare Eligible Retiree Medical Plans Comparison Chart


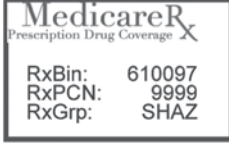
<b>Choice Plus PPO</b> (Outside AZ)	
<b>In-Network Plan Pays</b>	<b>Out-of-Network Plan Pays</b>
\$500 per Individual \$1,000 per Family	\$500 per Individual \$1,000 per Family
\$2,000 per Individual \$4,000 per Family including deductibles	\$6,000 per Individual \$12,000 per Family including deductibles
No Maximum	
Free Membership at Participating Clubs	

# ASRS Retiree Medical Plans


## Sample ID Cards



The sample ID cards below show you which card belongs to which UnitedHealthcare-sponsored ASRS retiree medical, prescription and vision plan. These sample ID cards will help you identify the medical plan in which you are enrolled as well as the number and kinds of different cards you should have.

For retirees enrolled in **UnitedHealthcare SecureHorizons MedicareComplete Plan**, your ID card is a medical, vision and prescription drug plan ID card.

	
Health Plan (80840) <b>911-87726-04</b>	
Member ID: 99999999-01	Group Number 060345
Member: <b>JOHN Q PUBLIC</b>	PLAN CODE: AUV ASRS METRO SH
PCP Name: <b>ANYDR, GEORGE A, MD</b>	Payer ID 87726
PCP Phone: (555) 999-9999	
<b>ANY HOSPITAL NETWORK</b>	
Copay: Office/ Spec/ ER \$15/ \$30/ \$50	
MedicareComplete Retiree Plan / HMO	
H0303 PBP# 804	

For retirees enrolled in **UnitedHealthcare Senior Supplement**, you have separate ID cards for your medical/vision plan and for your prescription drug plan. Your prescription drug card bears the name "UnitedHealthcare Medicare Rx for Groups (PDP)". Your cards look like these:

	
Health Plan (80840)	
Member ID:	Group Number
Member:	
	Payer ID
UnitedHealthcare Senior Supplement Plan	

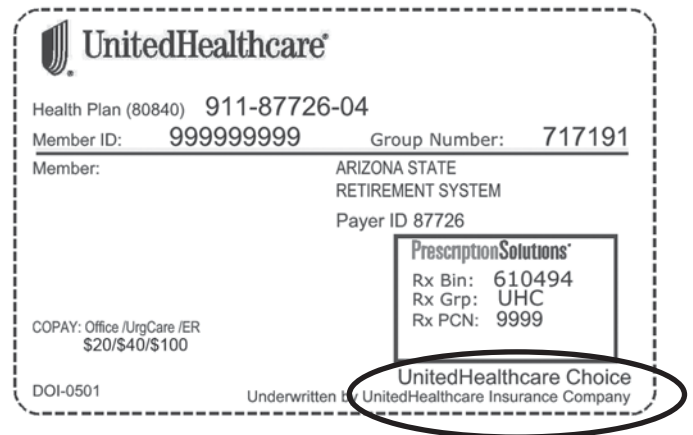
	
<b>UnitedHealthcare MedicareRx for Groups (PDP)</b>	
RxBin	610097
RxPCN	9999
RxGrp	PDPIND
Issuer	80840
ID	1234567890
Name	John A. Sample
	
SXXXX XXX	

# ASRS Retiree Medical Plans

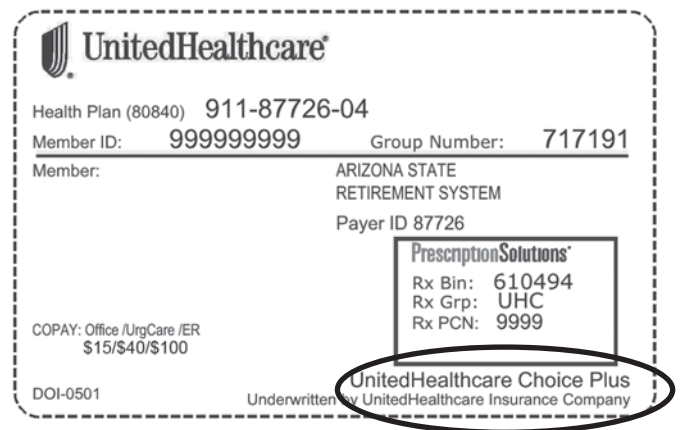
## Sample ID Cards

For retirees enrolled in UnitedHealthcare's Choice or Choice Plus PPO medical plans, your ID card is both a medical and a prescription drug plan ID card. They look like these:

For UnitedHealthcare's **Choice medical plan**, you have a UnitedHealthcare Choice ID card.



For UnitedHealthcare's **Choice Plus PPO medical plan**, you have a UnitedHealthcare "Choice Plus" ID card.





# Understanding the Medicare Prescription Drug Plans

The ASRS offers two different medical plan options each with prescription drug coverage for Medicare eligible retirees and dependents.

## MedicareComplete® Plan

The name for the SecureHorizon Medicare Advantage Plan is SecureHorizons MedicareComplete® Retiree Plan (HMO).

### Prescription drug plan features:

- No prescription drug plan deductible
- \$20 Tier 1 and \$40 Tier 2, 3 & 4 drugs for up to a 31 day supply at contracted retail pharmacies.
- \$40 Tier 1 and \$80 Tier 2, 3 & 4 drugs for up to a 90 day supply through the prescription by mail program
- No coverage gap or annual benefit limit in coverage
- Catastrophic Coverage: After your true out-of-pocket expenses reach \$4,550 you begin catastrophic coverage and pay whichever is higher: a \$2.50 co-payment for generic drugs; a \$6.30 co-payment for brand name drugs, or 5% of the drug costs until the end of the calendar year.
- Standard SecureHorizons formulary applies. National network of contracted retail pharmacy locations (national chains and local pharmacies). To find a pharmacy near you, visit [www.uhcretiree.com/asrs](http://www.uhcretiree.com/asrs).
- Convenient prescription by mail program

## Senior Supplement Plan + UnitedHealthcare MedicareRx for Groups prescription drug coverage

The name / brand of the prescription drug coverage that is available with the Senior Supplement Plan is UnitedHealthcare MedicareRx for Groups.

### Prescription drug plan features:

- No prescription drug plan deductible
- Low copayments:
  - \$10 Tier 1 and \$35 Tier 2, 3 & 4 drugs for up to a 31 day supply at contracted retail pharmacies.
  - \$20 Tier 1 and \$70 Tier 2, 3 & 4 drugs for up to a 90 day supply through the prescription by mail program
- “Medicare formulary” plan design (some prior authorization requirements may apply)
- Coverage gap begins after \$2,840 in total drug costs in 2011
- In the coverage gap the member pays 100% of the cost of the drugs
- Catastrophic Coverage: After your true out-of-pocket expenses reach \$4,550 you begin catastrophic coverage and pay whichever is higher: a \$2.50 co-payment for generic drugs; a \$6.30 co-payment for brand name drugs; or 5% of the drug costs until the end of the calendar year.
- National network of contracted retail pharmacy location (national chains and local pharmacies). To find a pharmacy

# Understanding the Medicare Prescription Drug Plans

**PLEASE NOTE:** if you enroll in any Medicare prescription drug plan in addition to one of the ASRS plan options, you will become ineligible for both medical and prescription drug coverage under the ASRS plan, and will be automatically disenrolled. **Medicare allows you to be enrolled in only one prescription drug plan at a time.**

Enrollment in a Medicare prescription drug plan is an option, not a requirement. You do not have to enroll in a separate Medicare Part D prescription drug plan.

**However, both Medicare prescription drug plans offered by ASRS are equal to or better than the standard Medicare Part D coverage.** When an eligible ASRS Medicare beneficiary is enrolled in either of the ASRS-sponsored prescription drug plans when first eligible for Medicare prescription drug coverage, there is no enrollment penalty if you should enroll in an individual Medicare Part D prescription drug plan at a future date.

## UnitedHealthcare added "tier" concept to prescription drugs for Medicare eligible retirees

UnitedHealthcare reclassified its prescription drugs as Tier 1, 2, 3 or 4. Much of Medicare's communication about its Part D program refers to prescription drugs in "tiers" or in various classifications as noted below. The important thing to remember is that the co-pays for which you are responsible do not change. UnitedHealthcare will use the prescription drug classification system shown below.

- **TIER 1** are *preferred generic* medications
- **TIER 2** are *preferred brand-name* medications
- **TIER 3** are *non-preferred* medications (these require prior authorization on the MedicareComplete HMO plan)
- **TIER 4** are *specialty medications* (these require prior authorization on both ASRS Medicare eligible plans)

# Understanding the Prescription Drug Plan Available with the Senior Supplement Plan

*I am enrolled in the Senior Supplement Plan. How does the UnitedHealthcare MedicareRx for Groups prescription drug plan work for me?*

Each time you purchase a covered prescription medication, two payments are actually being made: the payment you pay out of your pocket for the drug, called true out-of-pocket (TrOOP) costs, and the payment your plan pays for the drug. Together these payments make up your "total drug expenditure".

*What is my initial prescription drug coverage (Stages 1 and 2)?*

Under the UnitedHealthcare MedicareRx for Groups prescription drug plan, there is no prescription plan deductible. For all covered prescription drugs you simply pay your copayments for the first \$2,840 of "total drug expenditure" during 2011.

*When does the coverage gap (Stage 3) begin?*

The coverage gap begins after you and the plan together have spent \$2,840 in "total drug expenditure" during the year. During the coverage gap, you pay 100% of your drug costs.

*When does the coverage gap end (Stage 4)?*

The coverage gap ends when your true out-of-pocket costs reach \$4,550 and you begin catastrophic coverage. When you reach Stage 4, you will pay whichever is higher: a \$2.50 co-payment for generic drugs; a \$6.30 co-payment for brand-name drugs; or, 5% of the drug costs until the end of the calendar year.

## Your Medicare Part D Prescription Benefit

### STAGE 1: Annual Deductible

Your plan has no annual deductible.

### STAGE 2: Initial Coverage

You pay copays for each prescription filled; the plan pays remainder until together you have paid \$2,840 in total drug costs.

### STAGE 3: Coverage Gap

You pay 100% of your drug costs until your yearly true out-of-pocket drug costs equal \$4,550.

### STAGE 4: Catastrophic Coverage

After \$4,550 in out-of-pocket drug costs, the plan pays the majority of the drug expenses until the end of the year.

Please note: the coverage gap referenced above applies ONLY to the UnitedHealthcare MedicareRx for Groups prescription drug plan offered with the Senior Supplement plan. There is no coverage gap with the MedicareComplete® prescription drug plan.

## Rx Summaries Provided

The Medicare prescription drug plans provide a monthly prescription benefit summary tailored specifically to individual Medicare members. The summary helps you:

- Understand how much you and your drug plan spent to-date on prescription drugs
- Details your prescription history to help lower monthly spending
- Review prescriptions, including fill dates, prescribing doctor and pharmacy information

# General Information About UnitedHealthcare's Prescription Drug Benefits

## **What is a Formulary and why is it important?**

UnitedHealthcare keeps your medication costs down through a Formulary. The Formulary is a list of UnitedHealthcare-approved outpatient prescription drugs that are covered under the Choice, Choice Plus PPO, and MedicareComplete plans. A pharmacy and therapeutics committee that consists of practicing physicians and pharmacists determines and maintains the Formulary. The committee decides which prescription drugs provide quality treatment for the best value. It includes a broad range of generic and brand name drugs, although it does not include all prescription drugs.

## **What medical plans utilize the Formulary?**

The Choice, Choice Plus PPO, and MedicareComplete plans utilize the Formulary. For you to receive prescription drug benefits, your physician must prescribe medication for you from the Formulary and the prescription must be filled at a participating pharmacy.

## **Do I have a Prescription Drug Formulary in the Senior Supplement Plan?**

The Prescription Drug Plan utilizes the Medicare Part D formulary. Medicare, not UnitedHealthcare, determines what drugs are covered under the Senior Supplement Medicare Part D plan. Check with your doctor as some drugs may not be covered.

## **What is covered?**

All medications listed in the Formulary are covered. In order to receive your prescription benefits, your physician must prescribe medication for you from the Formulary and the prescription must be filled at a participating pharmacy.

## **What if my prescription is not listed in the Formulary?**

Your physician can contact Prescription Solutions, UnitedHealthcare's prescription-

manager, for an exception explaining why you must have that drug rather than the one on the Formulary or your physician must change your prescription to an equivalent Formulary drug.

## **What is the difference between brand name and generic drugs?**

A generic drug is a medication which has met the standards set by the Food and Drug Administration (FDA) to assure its equivalence to the original patented brand name medication. Generic drugs are chemically identical to their brand name equivalents. Many brand name drugs do not have generic equivalents. In these cases, your physician may prescribe a "therapeutic" instead. Unlike generic drugs which have the identical active ingredients as a brand name version, a therapeutic substitute has a chemical composition close to its brand name counterpart and has been determined to provide the same clinical or therapeutic results.

## **How can I obtain a copy of the Formulary?**

The Formulary is available upon request from UnitedHealthcare and can also be found on their website at [www.uhcretirees.com/asrs](http://www.uhcretirees.com/asrs) or [www.uhc.com](http://www.uhc.com). The name of the SecureHorizons formulary is Standard 1.

## **How can I save money by using the Prescription Mail Order Program?**

Prescription Solutions, UnitedHealthcare's prescription manager, offers a mail order program for maintenance medications. Through the mail order program, you can order a three (3) month supply of medications and save money on your prescriptions. Medicare members pay two (2) copayments for a three (3) month supply and non-Medicare members pay two and a half (2-1/2) copayments for a (3) months supply. Prescriptions are mailed to your home in discreetly labeled packages. Refills can be ordered by mail, over the phone or through the Internet. Mail Order Claim forms may be ordered through UnitedHealthcare's Customer Service or their website at [www.prescriptionsolutions.com](http://www.prescriptionsolutions.com).

# UnitedHealthcare's Vision Care Benefits

## *MedicareComplete Plan*

**Y**our medical plan covers one eye exam per year and medically necessary glasses or lenses following cataract surgery. Your Routine Prescription Eyewear benefit provides a routine exam, eyeglasses or contact lenses for routine vision correction.

If you need the services of an eye specialist, you should call MedicareComplete Customer Services at 866-208-3248 for the nearest Participating Provider. For a routine eye exam you may go to a OptumHealth Vision provider. In both instances, the vision eyewear is only available through the OptumHealth Vision network. Locate a vision provider near you by either going to [www.optumvisionhealth.com](http://www.optumvisionhealth.com) or calling OptumHealth Vision Customer Service at 800-638-3120, (or for the hearing impaired 800-524-3157). For a complete listing of providers, go to [www.optumhealthvision.com](http://www.optumhealthvision.com). The vision network is provided by OptumHealth.

At a OptumHealth Vision network vision center, you can receive routine eye exams

(also called refractive eye exams) for a \$20 co-payment, eyeglass lenses (single, bifocal and trifocal) are covered in full, and you have a \$130 retail allowance toward frames. In lieu of eyeglasses, there is a \$105 allowance toward contacts. Exams, lenses and frames are covered once every 12 months. You will be responsible for any charges in excess of the \$130 frame allowance or the \$105 contact lens allowance.

This vision care plan is designed to cover your vision needs rather than cosmetic materials. However, most lens options are available at a discount.

If you have questions about this plan you may call OptumHealth Vision Customer Service at 800-638-3120, (or for the hearing impaired 800-524-3157), Monday through Friday, 8 a.m. to 11:00 p.m. EDT and Saturday, 9:00 a.m. to 6:30 p.m. EDT.



# UnitedHealthcare's Vision Care Benefits

## *UnitedHealthcare Senior Supplement Plan*

**Y**our Routine Prescription Eyewear benefit provides eye refraction, eyeglasses or contact lenses for routine vision correction.

You have the choice of any vision provider, but you receive the greatest savings by using a OptumHealth Vision network provider. To locate a vision provider near you, go to [www.optumvisionhealth.com](http://www.optumvisionhealth.com) or call OptumHealth Customer Service at 800-638-3120, (or for the hearing impaired 800-524-3157). You may then schedule an appointment for your vision exam. For a complete listing of providers, go to [www.optumhealthvision.com](http://www.optumhealthvision.com). The vision network is provided by OptumHealth. Please confirm your provider is participating in the new network before making an appointment.

At a OptumHealth Vision network provider, after a \$20 deductible, you have coverage for routine eye exams (also called refractive eye exams). Standard eyeglass lenses (single, bifocal and trifocal) are covered in full, and you have a \$130 retail allowance

toward frames. In place of eyeglasses, there is a \$105 allowance toward contacts. Exams, lenses and frames are covered once every 12 months. If you chose not to use a OptumHealth Network vision provider, there is an \$80 allowance toward the routine examination after satisfying a \$20 deductible. Your eyewear benefit is \$100 toward the purchase of eyeglasses, or contact lenses in place of eyeglasses. You will be responsible for charges in excess of the \$100 allowance. You are eligible to receive this benefit once every 12 months.

This vision care plan is designed to cover your vision needs rather than cosmetic materials.

If you have questions about this plan you may call OptumHealth Vision Customer Service at 800-638-3120, (or for the hearing impaired 800-524-3157), Monday through Friday, 8 a.m. to 11:00 p.m. EDT and Saturday, 9:00 a.m. to 6:30 p.m. EDT.

<b>Benefit limited to 1 time every 12 months</b>	<b>In-Network You Pay</b>	<b>Out-of Network You Pay</b>
Deductible	\$20	\$20
Routine Eye Refraction (examination)	\$0 after deductible satisfied	Charges in excess of \$80
Eyeglass Lenses (single, bifocal and trifocal)	\$0 covered in full	Charges in excess of \$100 for Lenses, Frames, or contacts combined
Eyeglass Frames	Charges in excess of \$130 retail allowance	
Contact Lenses (in place of eyeglasses)	Charges in excess of \$105 allowance	

# ASRS Retiree Dental Plans

For 2011, Assurant Employee Benefits will continue to be the sole provider offering dental benefits to eligible public sector retirees, LTD recipients and eligible dependents through the Arizona State Retirement System. Assurant offers three different dental plans that allow you to choose between the Freedom Advance or Freedom Basic indemnity dental plans, and a prepaid dental plan. These plans provide you with the freedom to choose a dental plan that best fits your individual needs. Compare the cost and benefits of each dental plan to determine which plan will meet the dental health needs of you and your family.

**PLEASE NOTE:** There are *significant* differences between the indemnity and prepaid plans. Below is a brief synopsis of features of the two indemnity plans and the prepaid plan.

## Indemnity Dental Plans

These plans pay the indicated percentages of Allowable Charges for covered services. Benefits are paid after any applicable deductible has been met, up to the Annual Maximum which is \$2,500 for the Freedom Advance and \$1,000 for the Freedom Basic Indemnity Dental Plans. You are responsible for any applicable coinsurance percentages not covered by the plans. Allowable charges are based on charges being made by providers in the area where dental services are performed. The Indemnity Plans feature:

- ☐ **Two Plan Choices:**
  - ☐ Freedom Advance
  - ☐ Freedom Basic
- ☐ Freedom of choice of dentists or use Dental Health Alliance (DHA) participating dentists for savings on all dental services
- ☐ Nationwide coverage
- ☐ Benefits underwritten by a financially strong company
- ☐ Fast, accurate claims service
- ☐ Vision benefit included

## Prepaid Dental Plan

The prepaid dental plan provides a variety of benefits through participating dentists. You may change your dentist throughout the plan year. All services must be performed by a participating provider. You will then be responsible for any co-payments which are reduced fees that you will pay directly to the dentist for covered dental procedures. The Prepaid Dental Plan features:

- ☐ No deductibles
- ☐ No claim forms to file
- ☐ No annual maximums
- ☐ No waiting periods
- ☐ Some cosmetic dentistry benefits
- ☐ Orthodontia for both children and adults
- ☐ Participating provider directory
- ☐ Vision benefit included

# Important Things to Consider When Making Your Dental Plan Election



**Y**ou have three dental plans from which to choose. They are:

- 1) Freedom Advance Indemnity Dental Plan
- 2) Freedom Basic Indemnity Dental Plan
- 3) Prepaid Dental Plan

- **A Specialty Benefit Amendment (SBA) is included with the Prepaid Dental Plan for Arizona residents** that allows patients to receive certain services from Assurant contracted SBA specialists for a specific copayment rather than the discounted fee.
- If you are a member of either indemnity dental plan and you want to **spend less for your dental treatments and services**, use an Assurant Dental Health Alliance (DHA) participating dentist. By using a participating DHA dentist, Assurant's payment and your coinsurance plus any applicable deductible will be deemed payment in full for the services performed. In addition, any services not covered by your ASRS indemnity dental plan, including cosmetic services and additional cleanings, are offered at reduced fees.
- **If you are selecting the Prepaid Dental Plan** you must choose a Primary Care Dentist from the Assurant Directory of Dentists. Once you have chosen a Primary Care Dentist, **you must enter the Dentist ID number from the directory on your enrollment form.** This is very important! It allows Assurant to tell your chosen General Dentist that you

will be a new patient and includes your dental plan information on the dentist's eligibility list called a "roster."

- The Assurant **indemnity dental plans** offer freedom of choice to use any eligible licensed dentist or specialist in the United States. However, you may use Assurant's Dental Health Alliance (DHA) participating dentists to receive additional savings on all your dental treatment services.

**To find the most convenient Assurant DHA participating dentist** for your indemnity dental plan from the network of participating DHA dentists, please visit Assurant's special website at [www.assurantemployeebenefits.com](http://www.assurantemployeebenefits.com) or call 800-985-9895.

## Important Information Regarding On-Going Dental Care If You Are Newly Enrolled with ASRS

If you are actively undergoing major dental procedures with your current dental provider and the service(s) is not completed prior to the effective date of your dental coverage with ASRS, your current provider may allow that on-going procedure to be a covered expense under your current dental plan even after your termination from your employer's dental plan. Check with your current dental provider to learn if your procedure qualifies for continued coverage.

Dental procedures you are receiving from your current non-ASRS dental provider **will not be eligible** for benefits through Assurant.



# Assurant Dental Plans

Plans	Deductibles	Type I Preventive Services	Type II Basic Services
<b>Freedom Advance*</b>	<b>\$50/\$150</b>	<b>80% paid (deductible waived)</b> Oral Exam (1x/6 mo.) Routine Cleaning (1x/6 mo.) Fluoride Treatment (1x/12 mo. under age 14) Sealants (1x/perm. molar under age 16) X-rays Bitewings (1x/12 mo.) Full Mouth (1x/60 mo.) Space Maintainers (under age 16)	<b>80% paid (deductible applied)</b> New and Replacement Fillings Emergency Treatment (includes exam/x-rays) Oral Surgery Simple Extractions, Surgical Incision & Drainage of abscess, Root Removal on exposed root Endodontics (Root Canals) Periodontics (Treatment of gum disease)
<b>Freedom Basic</b>	<b>\$50/\$150</b>	<b>100% paid (deductible waived)</b> Oral Exam (1x/6mo.) Routine Cleaning (1x/6mo.) Fluoride Treatment (1x/12mo. Under age 14) Sealants (1x/perm. molar under age 16) X-rays Bitewings (1x/12 mo.) Space Maintainers (under age 16)	<b>80% paid (deductible applied)</b> New and Replacement Fillings Emergency Treatment (includes exam/x-rays) Oral Surgery Simple Extractions X-rays Full Mouth (1x/60 mo.) Panoramic (1x/60 mo.) Minor Periodontics Scaling & Root Planing (1x/24 mo.) Periodontic Maintenance (1x/6 mo. frequencies combined with routine cleanings)
<b>Arizona Prepaid Dental Plan Option**</b>	<b>No Deductibles</b>	<b>Fixed co-pays</b> \$0 Oral Exam \$0 most individual x-rays \$0 Bacterial Studies \$10 Routine Office Visit \$10 X-rays-complete series \$10 Routine cleaning/adult (1x/6 mo.) \$85 Space Maintainers-fixed*** \$110-135 Space Maintainers-removable***	<b>Fixed co-pays</b> \$25 Problem-focused Office Visit \$25-130 Fillings (1-4 surfaces) \$185 Cosmetic Bleaching, per arch \$295-395 Root Canal - Molar (excludes final restoration) \$75-355 Gingivectomy or Gingivoplasty, per quad \$25 Single tooth extraction \$165-200 Removal impacted tooth, complete bony

## Notes applicable to Dental Plans Comparison Chart:

\*All new enrollees in the Freedom Advance (High Option) indemnity dental plan will start at a 25% coinsurance level for Type III Major Services for the 1st year of continuous dental coverage and then graduate to 50% for the 2nd year of continuous dental coverage and each year thereafter.

\*\*Requires you to select a Participating Dental Provider (PDP) when enrolling. In addition, if you are selecting a PDP listed as "roster only," it takes time to get on the roster after enrollment. You must be on the roster prior to receiving non-emergency care.

\*\*\*Members are responsible for additional lab fees for these services.

"Notes" continued on next page...

# Comparison Chart

Type III Major Services	Orthodontia	Annual combined maximum preventive basic and major benefits
<b>25%/ 50% paid* (deductible applied)</b> Major Restorations Inlays/Onlays, Crowns Bridges/Dentures Initial placement-covered Replacement only if 7 yrs. lapsed from date of installation Complex Oral Surgery	Not Covered	\$2500 per person
Not Covered	Not Covered	\$1000 per person
<b>Fixed co-pays</b> \$25 Problem-focused Office Visit \$245-340 Inlays/Onlays*** \$295-Crowns*** \$385-495 Dentures*** \$35-100 Adjustments/Repairs***	<b>25% discount off UCR</b> Available for both Children & Adults	Benefits available only at participating dentist and specialist offices No Dollar limit

*"Notes" (continued from previous page):*

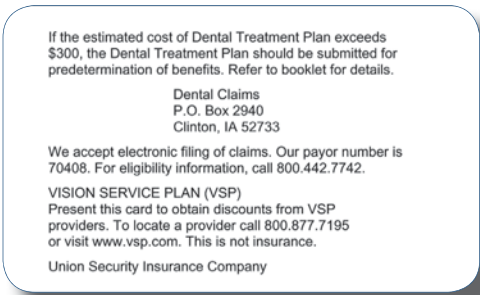
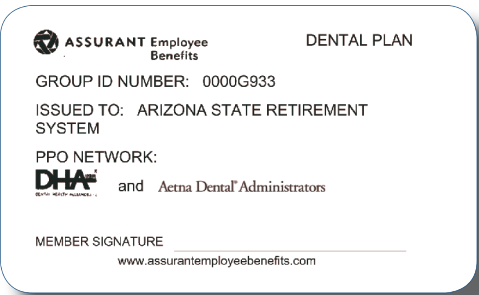
Pre-paid Dental Plans are also available in **CA, CO, FL, GA, KS, MO, NE, NV, NM, OH, OK, OR, TX, UT**. For a copy of the Schedule of Benefits and Provider Directory in one of these states, please call the Assurant ASRS on-site representative at the number listed on the inside back cover of this guide in the Dental Provider section.



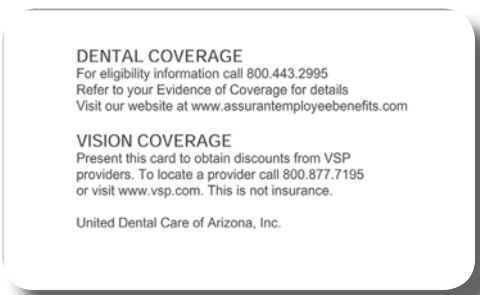
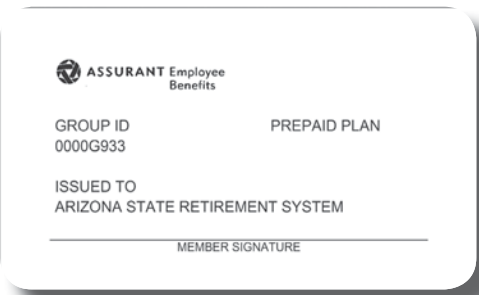
# ASRS Retiree Dental Plans Sample ID Cards

The sample ID cards below show you which ID card belongs to which Assurant-sponsored ASRS retiree dental plan. The card also provides information on Assurant's vision plan offered through Vision Service Plan (VSP).

For retirees enrolled in Assurant's Freedom Advance (High Option) or Freedom Basic (Low Option) indemnity dental plan, your ID card looks like this:



For retirees enrolled in Assurant's Arizona **Prepaid** or other eligible state Prepaid dental plans, your ID card looks like this:



**Note:** Vision Service Plan (VSP) information is located on the back side of each ID card.

# Vision Service Plan (VSP) Discount Benefit

**Y**our Assurant Employee Benefits dental plan includes a vision discount benefit through Vision Service Plan (VSP). The vision plan includes examinations at discounted fees and the purchase of eyeglasses, sunglasses and other prescription eyewear at reduced prices when provided by participating Vision Service Plan providers.

Laser VisionCare is offered at a discount and is available through VSP contracted laser centers.

To access benefits, choose any plan provider from the Vision Service Plan list of providers to schedule an appointment. **To locate the VSP contracted provider closest to**

**you, check the VSP website at [www.vsp.com](http://www.vsp.com). Always take your Assurant dental/vision plan membership ID card with you.**

You will receive instant savings on eye exams and contact lens exams as well as frames, lenses, lens add-ons, and prescription sun glasses.

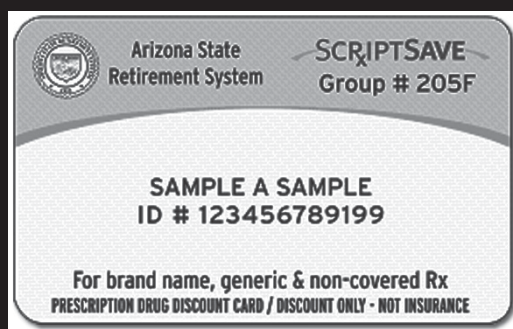
There are no claim forms or reimbursement checks. You pay the plan provider the reduced plan fees at the time of service. This plan is NOT insurance.

To receive a VSP provider directory or if you have questions please contact Vision Service Plan at 800-877-7195.



With ScriptSave, you will receive:

- Average savings of 21%, with potential savings of up to 50%.\*
- Access to over 52,000 participating pharmacies nationwide, including both chain and independent retail pharmacies.
- Instant savings at the time of purchase; with no forms to fill out or paperwork to complete.
- Easy to use with no limits on usage for both brand and generic prescriptions.



**(800) 700-3957**  
[www.scriptsav.com](http://www.scriptsav.com)

**You and your family can receive valuable savings** on your prescriptions by using the ScriptSave<sup>SM</sup> Prescription Drug Savings Card!

ASRS is pleased to continue to offer prescription savings to retirees through ScriptSave, an Arizona-based prescription savings program. Since 2001, when ASRS began providing the ScriptSave card, **retirees have saved over \$2.0 million on their prescriptions!**

Best of all, the ASRS provides you with a ScriptSave card at **NO COST** and you will receive a card even if you do not have a medical insurance plan with the ASRS.

The ScriptSave card also works for you whether or not you enroll in a Medicare Part D plan.

Members enrolled in an ASRS Medicare eligible medical plan already have an equivalent Medicare Part D prescription drug plan as part of their medical plan. So, there is no need to enroll in a separate Medicare Part D plan.

As a ScriptSave cardholder, you can also receive access to free health and wellness information, as well as valuable savings and coupons on both prescription and over-the-counter medications.

Additionally, ScriptSave's Value Preferred Program may save you even more. ScriptSave has identified a selection of medications that may offer additional savings and has created a Value Preferred Medications List you can discuss with your healthcare provider.

### Sign Up and Start Saving Today!

#### **Step 1:**

Visit [www.scriptsav.com](http://www.scriptsav.com)

#### **Step 2:**

Go to the Card Services page, click on the option to enroll & log-in using Group #869.

#### **Step 3:**

Print out your card & take it to the pharmacy the next time you or your family member fills a prescription.

If you have lost or misplaced your ScriptSave card, or have any questions about your card, please call ScriptSave Customer Care at **800-700-3957, weekdays from 9am to 7pm EST**. Or, to find the participating pharmacy closest to you, visit ScriptSave's website: [www.scriptsav.com](http://www.scriptsav.com).

*\* Based on national program savings data.*

**DISCOUNT ONLY – NOT INSURANCE.** This program is not an insurance policy and does not provide insurance coverage. Discounts are available exclusively through participating pharmacies.



Enroll in the **SilverSneakers® Fitness Program** to help promote better health and maintain your independence. SilverSneakers is **available at no additional cost** for all Arizona State Retirement System (ASRS) retired members and dependents enrolled in ASRS medical plan!

### The SilverSneakers Fitness Program

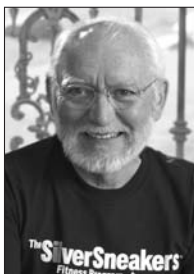
With the SilverSneakers premier network, you'll have a complimentary membership with access to participating locations throughout the country. Many sites offer amenities such as:

- Fitness equipment, treadmills, and free weights
- Signature fitness classes, designed specifically for older adults and taught by certified instructors
- Additional signature classes, such as YogaStretch, SilverSplash®, CardioFit, and Weight Circuit
- A designated staff member to help you along the way

### SilverSneakers Steps

If you live outside the areas listed for the SilverSneakers Fitness Program, increase your physical activity by joining **SilverSneakers® Steps**, a self-directed, pedometer-based walking and exercise program.

For more information about SilverSneakers or SilverSneakers Steps, log on to [www.silversneakers.com](http://www.silversneakers.com).



*SilverSneakers is the best thing to come along.  
I can't think of enough good things to say  
about your program!*

LaVerne Walsh, ASRS member, Tucson, AZ

**Get Fit, Have Fun, Make Friends!**

Activate your membership today at any participating location!

**Apache Junction  
Apache Junction  
Multigenerational  
Center**

1035 N. Idaho Rd.  
(480) 474-5240  
Amenities: E, SC

**Arizona City  
Tri-Valley Fitness**

10601 W. Battaglia Rd.  
(520) 466-5277  
Amenities: E, SC

**Benson  
Frontier Fitness Club**

500 S. Hwy. 80, Ste. B  
(520) 586-3326  
Amenities: E

**Buckeye  
Buckeye Community  
Center**

201 E. Centre Ave.  
(623) 386-4862  
Amenities: SC

**Bullhead City  
Mad Dog Fitness**

2350 Miracle Mile Dr.,  
Ste. 370  
(928) 704-7717  
Amenities: E, SC

**Casa Grande  
24-7 Fitness**

2080 N. Trekell Rd.  
(520) 836-0613  
Amenities: E, S, W, SC

**Chandler  
Fitness Forum**

2130 W. Chandler Blvd.  
(480) 812-0200  
Amenities: E, S, P, W, SC

**Chandler (cont.)  
Fitness Works**

3050 S. Gilbert Rd.  
(480) 413-1111  
Amenities: E, S, P, W, SC

**Coolidge  
Central Arizona College**

8470 N. Overfield Rd.  
(520) 494-5444  
Amenities: E, P, SC

**Flagstaff  
Flagstaff Athletic Club**

3200 N. Country Club Dr.  
(928) 526-8652  
Amenities: E, S, P, W, SC

**Fountain Hills  
Anytime Fitness -  
Fountain Hills**

16650 E. Palisades Blvd.,  
Ste. 109  
(480) 837-5151  
Amenities: E, SC

**Ft. Mohave  
Bullhead Health Club**

5401 Hwy. 95  
(928) 768-1339  
Amenities: E, SC

**Gilbert  
24 Hour Fitness -  
Gilbert**

97 S. Val Vista Dr.  
(480) 497-4424  
Amenities: E, S, P, W, SC

**Fitness Works - Gilbert**

1668 N. Higley Rd.  
(480) 396-0086  
Amenities: E, S, P, W, SC

**Gilbert (cont.)  
YMCA Family Center at  
Power Ranch**

4546 E. Haven Crest  
(480) 279-2807  
Amenities: E, SC

**Glendale  
Fitness Dynamix**

3515 W. Union Hills Dr.  
Ste. 110  
(602) 504-3988  
Amenities: E, SC

**Glendale Community  
College Fitness Center**

6000 W. Olive Ave.  
(623) 845-3801  
Amenities: E, SC

**Glendale Community  
College North**

5727 W. Happy Valley Rd.  
(623) 845-4000  
Amenities: E, SC

**Glendale/Peoria YMCA**

14711 N. 59th Ave.  
(602) 588-9622  
Amenities: E, P, SC

**Goodyear  
Life Time Fitness -  
Goodyear**

14540 W. McDowell Rd.  
(623) 536-9595  
Amenities: E, S, P, W, SC

**Southwest Valley  
Regional YMCA**

2919 N. Litchfield Rd.  
(623) 935-5193  
Amenities: E, P, SC

**Green Valley  
Independent Lifestyle  
Fitness/Body Start  
Health and Fitness**

1660 W. Commerce Pt. Pl.  
(520) 399-3405  
Amenities: E, SC

**Kingman  
Kingman Fitness and  
Racquet Club**

1950 Kino Ave.  
(928) 757-1111  
Amenities: E

**Lake Havasu City  
London Bridge Racquet &  
Fitness Club**

1407 McCulloch Blvd.  
(928) 855-6274  
Amenities: E, S, P, W, SC

**Maricopa  
Anytime Fitness -  
Maricopa**

20924 N. John Wayne  
Pkwy., Ste. D-4  
(520) 568-5226  
Amenities: E, SC

**Mesa  
Bally Total Fitness -  
Mesa**

1350 S. Longmore Rd.  
(480) 844-7227  
Amenities: E, SC

**East Valley  
Family YMCA**

1807 S. Sunview  
(480) 649-9622  
Amenities: E, P, W, SC

**Fitness Works**

6040 E. Brown Rd.  
(480) 807-5080  
Amenities: E, S, P, W, SC

Women-only locations, including Curves®, are available nationwide. For a Curves location near you, please visit [www.silversneakers.com](http://www.silversneakers.com) or call 1-888-423-4632, Monday through Friday 8 a.m. to 8 p.m. EST. TTY: National Relay Service, 711.

Lists are subject to change and are updated regularly. Please visit [www.silversneakers.com](http://www.silversneakers.com) for the most recent location updates.



**Mesa (cont.)****Mesa Family YMCA**

207 N. Mesa Dr.  
(480) 969-8166  
Amenities: E, P, SC

**Pure Fitness - Mesa**

931 S. Gilbert Rd.  
(480) 497-9989  
Amenities: E, S, P, W, SC

**Red Mountain****Multigenerational Center**

7550 E. Adobe  
(480) 644-4810  
Amenities: E, SC

**Nogales****Fitness Express**

2051 N. Grand Ave.  
(520) 761-4820  
Amenities: E, SC

**Payson****Payson Athletic Club**

400 E. Hwy. 260, Ste. F  
(928) 474-0916  
Amenities: E, SC

**Peoria****Fitness One**

9028 W. Union Hills Dr.,  
Ste. 1  
(623) 376-7888  
Amenities: E, SC

**Rio Vista****Recreation Center**

8866-A W. Thunderbird Rd.  
(623) 773-8600  
Amenities: E, SC  
Inside Rio Vista Park.

**Phoenix****24 Hour Fitness -****Bell & 32nd**

3301 E. Bell Rd.  
(602) 567-0240  
Amenities: E, SC

**24 Hour Fitness -****Camelback**

3233 E. Camelback Rd.  
(602) 224-9394  
Amenities: E, S, P, W, SC

**Phoenix (cont.)****24 Hour Fitness -****Metro Parkway**

10046 N. Metro Pkwy. W.  
(602) 281-1132  
Amenities: E, S, P, W, SC

**Ahwatukee Foothills  
YMCA**

1030 E. Liberty Ln.  
(480) 759-6762  
Amenities: E, P, SC

**Bally Total Fitness -  
Cave Creek**

12235 N. Cave Creek Rd.  
(602) 482-1151  
Amenities: E, S, P, W, SC

**Bally Total Fitness -  
Indian School**

3921 E. Indian School Rd.  
(602) 956-4116  
Amenities: E, SC

**Chris-Town YMCA**

5517 N. 17th Ave.  
(602) 242-7717  
Amenities: E, P, SC

**Fitness West**

6850 W. Indian School Rd.  
(623) 846-6884  
Amenities: E, S, P, W, SC

**Fitness Works -  
Glendale**

9675 W. Camelback Rd.  
(623) 872-8000  
Amenities: E, S, P, W, SC

**Lincoln Family Phoenix  
Downtown YMCA**

350 N. 1st Ave.  
(602) 257-5138  
Amenities: E, S, P, W, SC

**Paradise Valley  
Community College  
Fitness Center**

18401 N. 32nd St.  
(602) 787-7270  
Amenities: E, SC

**Phoenix (cont.)****Phoenix College  
Fitness Center**

1202 W. Thomas Rd.  
(602) 285-7225  
Amenities: E, SC

**South Mountain YMCA**

222 E. Olympic Dr.  
(602) 276-4246  
Amenities: E, P, SC

**The Family Life Center**

5757 N. Central Ave.  
(602) 707-5903  
Amenities: E, S, SC  
Located on the  
campus of North Phoenix  
Baptist Church.

**Prescott****Prescott Downtown****Athletic Club**

130 N. Cortez  
(928) 445-0204  
Amenities: E, S, W, SC

**YRMC - Wellness Center**

930 Division St.  
(928) 771-5794  
Amenities: E, SC

**Prescott Valley****YRMC - Del E. Webb****Outpatient Center**

3262 N. Windsong Dr.  
(928) 759-5920  
Amenities: E, SC

**Queen Creek****Copper Basin YMCA**

28300 N. Main St.  
(480) 882-2242  
Amenities: E, P, W, SC

**Scottsdale****24 Hour Fitness -****Scottsdale**

13220 N. Scottsdale Rd.  
(480) 951-8883  
Amenities: E, S, P, W, SC

**Amenities Legend**

<b>E</b>	Exercise Equipment
<b>S</b>	Steam/Sauna
<b>P</b>	Pool
<b>W</b>	Whirlpool
<b>SC</b>	SilverSneakers Classes
<b>*</b>	Seasonal Pool

**Scottsdale (cont.)****Desert Foothills****Family YMCA**

34250 N. 60th St.  
(480) 596-9622  
Amenities: E, P, SC

**Fitness Experience**

10155 E. Via Linda  
(480) 451-7650  
Amenities: E, S, SC

**Scottsdale Community****College Fitness Center**

9000 E. Chaparral Rd.  
(480) 423-6604  
Amenities: E, SC

**Scottsdale/Paradise****Valley YMCA**

6869 E. Shea Blvd.  
(480) 951-9622  
Amenities: E, P, SC

**Sedona****Sedona Community****Center**

2615 Melody Ln.  
(928) 282-2834  
Amenities: SC

**Sierra Vista****Cochise Health &****Racquet Club**

4225 Avenida Cochise  
(520) 458-7075  
Amenities: E, S, P\*, W, SC

(cont.)

Activate your membership today at any participating location!

**Sun Lakes****MaxLife**

24210 S. Oakwood Blvd.  
(480) 802-6853  
Amenities: E, S, P, W, SC

**Surprise****Fitness One**

16630 W. Greenway Rd.  
Ste. 307  
(623) 594-4887  
Amenities: E, SC

**Tempe****Tempe Northside  
Multi-Generational  
Center**

1555 N. Bridalwreath Ln.  
(480) 858-6500  
Amenities: E, SC

**Tempe YMCA**

7070 S. Rural Rd.  
(480) 730-0240  
Amenities: E, P, W, SC

**Thatcher**

**8th Street Fitness Club**  
3333 W. 8th St.  
(928) 348-4678  
Amenities: E, S, P, W, SC

**Tucson**

**Bally Total Fitness -  
Tucson**  
4690 N. Oracle Rd., #100  
(520) 293-2330  
Amenities: E, P, W, SC

**Desert Sports & Fitness**

2480 N. Pantano Rd.  
(520) 722-6300  
Amenities: E, S, P, W, SC

**Desert Sports & Fitness**

3672 S. 16th Ave.  
(520) 791-7799  
Amenities: E, SC

**Tucson (cont.)****Desert Sports & Fitness -  
Thornsdale**

9725 N. Thornsdale  
(520) 219-4891  
Amenities: E

**Desert Sports &**

**Fitness Express**  
3030 W. Valencia Rd.  
#272  
(520) 908-3319  
Amenities: E

**FIT at the River**

2404 E. River Rd. Bldg. 1  
(520) 690-9299  
Amenities: E, SC

**FitCenter**

5555 E. 5th St.  
(520) 571-7000  
Amenities: E, S, P, W, SC

**Gold's Gym - East**

5851 E. Speedway Blvd.  
(520) 751-0303  
Amenities: E, S, P, W, SC

**Gold's Gym Northwest**

7315 N. Oracle Rd.  
(520) 297-8000  
Amenities: E, S, P, W, SC

**Highlands Mobile Home  
Estate Clubhouse**

332 W. Matterhorn  
(520) 297-2722  
Amenities: SC

**Lighthouse/City YMCA**

2900 N. Columbus Blvd.  
(520) 795-9725  
Amenities: E, P, W, SC

**Tucson (cont.)****Lohse Family YMCA**

60 W. Alameda St.  
(520) 623-5200  
Amenities: E, S, P, W, SC

**Mid-Valley**

**Athletic Club**  
140 S. Tucson Blvd.  
(520) 792-3654  
Amenities: E, S, P, W, SC

**Northwest Family  
YMCA**

7770 N. Shannon Rd.  
(520) 229-9001  
Amenities: E, P, SC

**Ott Family YMCA**

401 S. Prudence  
(520) 885-2317  
Amenities: E, P, W, SC

**Pro Fitness & Health**

1290 W. Prince  
(520) 495-4987  
Amenities: E, S, P, W, SC

**Tucson**

**Jewish Community Center**  
3800 E. River Rd.  
(520) 299-3000  
Amenities: E, S, P, W, SC

**Wickenburg**

**Wickenburg Community  
Hospital Fitness Center**  
520 Rose Ln.  
(928) 668-1847  
Amenities: E, SC

**Amenities Legend**

<b>E</b>	Exercise Equipment
<b>S</b>	Steam/Sauna
<b>P</b>	Pool
<b>W</b>	Whirlpool
<b>SC</b>	SilverSneakers Classes
<b>*</b>	Seasonal Pool

**Yuma****Club Yuma**

**Fitness Center**  
3131 S. Winsor Ave.  
(928) 341-4830  
Amenities: E, S, P, W, SC

**Schechert Family  
Aquatics and  
Fitness Center**

11737 S. Foothills Blvd.  
(928) 345-0321  
Amenities: E, P, W, SC

**Yuma Family YMCA**

2550 S. 4th Ave.  
(928) 317-0522  
Amenities: E, SC

**Women-only** locations, including Curves, are available nationwide. For a Curves location near you, please visit [www.silversneakers.com](http://www.silversneakers.com) or call 1-888-423-4632, Monday through Friday 8 a.m. to 8 p.m. EST. TTY: National Relay Service, 711.

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## Caregiving can be hard. We can help.

### CAREGIVING SUPPORT AND SERVICES TO HELP YOU AND YOUR FAMILY.

As part of your benefits, you have access to Evercare™ Solutions for Caregivers. We provide care planning and care coordination services designed to support the overall well-being of the person receiving care and help alleviate stress for you and your family. Services are available in all 50 states and can be tailored to your needs.

Get the support you need today.

### Arizona State Retirement System

If you are one of the 44 million Americans who is a caregiver or if someone is caring for you, Evercare Solutions for Caregivers can help. To learn more about our personalized approach to caregiving and how it may benefit you and your loved one, read on.

### Care Planning and Coordination Services



On-site assessment for complete health and well being overview



Personalized care plan created to meet unique needs



Phone consultation to unite all persons involved



Coordination of local and community based programs and services

### Retiree Benefit



#### Care Resource Center — Unlimited Access

- Single-source toll-free access to geriatric specialists
- Centralized information and research service
- Identification and screening of local care services such as meal delivery, transportation, housekeeping, etc.
- Personalized resource referral reports
- Caregiver coaching



#### Care Manager Services — Up to Six Hours

- Comprehensive assessment that evaluates the patients' medical, social, financial, safety and emotional needs
- Plan of care developed that summarized the findings of the assessment
- Recommendations that identify immediate needs and help family caregivers anticipate and plan for future needs
- Identification and coordination of local, home and community based services
- Caregiver coaching and facilitation of discussions regarding family issues and the stress of caregiving

Peace of mind is just a phone call away. Let us help you.

For general questions prior to enrollment, call 1-866-896-1895, 24 hours a day, 7 days a week. TTY users, call 711  
[www.EvercareHealthPlans.com/Caregiver](http://www.EvercareHealthPlans.com/Caregiver)

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 **Evercare**  
by UnitedHealthcare

# UnitedHealthcare Wellness & Disease Management

UnitedHealthcare has designed preventive health services to help maintain the well being of members who are basically healthy. These include education and screening guidelines and programs available through members' primary care physicians and health-related information and programs accessible on their websites at [www.uhcretirees.com/asrs](http://www.uhcretirees.com/asrs).

- **Solutions for Caregivers.** A comprehensive eldercare management program designed to support retirees and family caregivers in remaining healthy, function as independently as possible and to live with dignity. Simultaneously, the program helps caregivers maintain their own health, to mitigate stress and caregiver burnout, and to maximize available community resources and support.
- **Wellness Advising.** For Medicare retirees, this lifestyle-modification program is designed to address concerns of primary importance to retirees. The focus of this program is to assist individuals who are overweight, underweight, and/or those who are at risk for falls.
- **Access Support.** Through the Nurseline service, retirees are connected with Access Support Advocates. This dedicated team identifies network providers who meet certain quality standards, and facilitates member contact/appointments with those physicians.
- **"Know Your Numbers".** Providing onsite health screenings at UnitedHealthcare Town Hall meetings (e.g., blood glucose, cholesterol, blood pressure).

## Disease & Specialty Case Management

UnitedHealthcare is committed to improving the quality of care received by our retirees with chronic diseases. The disease management program targets chronic condition of key concern to retirees, provides interventions to assist retirees in effectively managing these chronic conditions, and bridges gaps between retirees and their care teams.

- **Integrated Coronary Artery Disease & Diabetes.** A program aimed primarily at those with these common co-morbidities, and who are at highest risk.
- **End Stage Renal Disease.** A specialized condition management program focused on those in the early phase of ESRD and dialysis, mitigating complications and acute care admissions.
- **Cancer Support Program.** An enhanced, specialized care management program for those receiving treatment for various types of cancer (enhanced from the current Non-Medicare Retiree program providing limited contact and resources only).
- **Respiratory Illness Management.** Disease management interventions provided to those with Chronic Obstructive Pulmonary Disease (COPD) and/or Asthma.
- **Transplant Care Management.** Specialized transplant nurses providing guidance and interventions throughout the stages of transplant (from pre-transplant through post-transplant stages).

## Advanced Illness Care Management

Providing services for retirees with advanced illnesses and who are facing end-of-life issues (generally those in the last 12 months of life). Services focus on facilitating palliative care, reducing pain and suffering, assisting individuals and families in understanding their goals and preferences for end-of-life care, and providing bereavement services for family members following the individual's death.



# UnitedHealthcare Wellness & Disease Management

## Personal Health Management

A comprehensive program of care management services providing guidance and support for retirees diagnosed with complex and/or co-morbid health conditions, and for those who are not engaged in the disease and condition-specific management programs. The program components serve retirees with moderate and high risk factors, including those transitioning from hospital care to home.

- **Focus & High Risk Care Management.** Both phone-based and field-based (in-person) care managers conduct evaluations and interventions with retirees with targeted and impactable healthcare needs.
- **Transition Coach.** A key focus of the program is to assist individuals returning home from a hospital stay, to assist with this transition of care, and to enhance stability upon return-to-home (primary emphasis on reconciliation of medication discrepancies and facilitation of follow-up services by treating physicians).
- **Warm Health.** Warm Health provides interactive phone-based calls to selected retirees who agree to participate. The goal of Warm Health is to identify the early warning signs of changes in members' conditions, and to then alert the care manager of any warning signs. Care managers may then provide appropriate intervention, minimizing exacerbations in the member's condition(s), helping maintain health and function levels, and avoiding unnecessary health care expenditures.
- **UnitedHealth at Home.** This benefit facilitates independence for retirees needing assistance in their homes, especially for those individuals returning home from the hospital. The benefit provides coverage for home-based assistance with daily living activities (e.g., bathing, dressing, meals, etc.) or for other services, such as installing grab rails in the bathroom, delivered meals, and others. It also serves as an additional care management tool aimed at facilitating the safe and secure transition from hospital to home, potentially reducing readmission rates.

## State-of-the-Art Product Enhancements

**PASSPORT.** A new enhancement UnitedHealthcare offering is a travel benefit called Passport. Passport allows enrollees of our MedicareComplete plan to travel outside their home service areas for up to nine consecutive months and still have access to the plan's covered services through our MedicareComplete provider network in 34 states. Retirees can already access emergency and urgent care worldwide; however, Passport enables retirees to receive the same benefits with the same co-pays as if they were at home.

**UNITEDHEALTHCARE ALLIES DISCOUNT PROGRAM** offers retirees a unique approach to saving money on health care services not covered by the benefit plan. The program's network includes over 500,000 contracted providers and vendor partners nationwide. Our buying power means savings: retirees save 10 to 50 percent on a wide range of products and procedures to enhance their health and well-being, including:

- Dental care discounts (10 to 35 percent) from over 64,000 dental professionals nationwide
- Alternative medicine, such as acupuncture, chiropractic, naturopathy and massage therapy
- Weight Management products and services with a focus on nutritional counseling through Nutri-System and Jenny Craig
- Smoking Cessation
- Vision care savings on eyeglasses and contact lenses beyond what's covered by the core vision benefit
- Adult day care, medical supplies and durable medical equipment and other long-term care services for retirees and their dependents
- Additional health and wellness elements such as vitamins, skin care, fitness equipment, books and spa services

# MedicareComplete Warm Health

*State-of-the-Art Healthcare Service*

**K**eeping in touch with our enrolled MedicareComplete medical plan members to ensure they remain healthy is an important part of the total health care continuum offered by the health plan. Warm Health is designed to help ASRS MedicareComplete members manage and improve their health through health information, education and ongoing monitoring and support from MedicareComplete Nurse Care Managers.

If you have been contacted by a Nurse Care Manager and are participating in the case management program, your Nurse Care Manager will introduce you to the Warm Health part of the program. As a participant in this program, you will receive a phone call from “Marybeth” of Warm Health. Then, through voluntary periodic “conversations,” Marybeth will provide you with important health education concerning your condition. Marybeth will also ask you a few questions to get a better sense of your current state of health. If your answers to those questions should be reason for concern, a MedicareComplete Nurse Care Manager will reach out to you shortly after you have completed your Warm Health call.

Marybeth is the reassuring voice of the most technologically advanced Interactive Voice Recognition (IVR) system available on the market today. So, while there is not a “live” person on the other end of the Warm Health call, ALL calls are monitored for answers that might be considered reason for concern. If you just want to talk to a MedicareComplete care professional all you have to do is say so and one will call you back.

Not everyone will receive a Warm Health call. But if you are participating in the MedicareComplete care management program, and you and your Nurse Care Manager agree that your participation in the Warm Health part of the program would be of assistance, you will receive a call that says “Hi, this is Marybeth from Warm Health.” It is important that you listen closely and answer the questions she asks.

For more information on Warm Health, please visit [www.warmhealth.com](http://www.warmhealth.com).



# Social Service Coordinators

## *Money-Saving Program*

**A**SRS and UnitedHealthcare are committed to improving the quality of care received by our members. We believe that total health care is more than co-pays, co-insurance percentages, and premiums. ASRS has sought ways to maximize your purchasing power through Social Service Coordinators (SCC) program. ASRS MedicareComplete members now have a unique opportunity to enroll in a variety of money-saving government and community assistance programs.

SSC, the leading provider of outreach and advocacy services to managed care organizations, is reaching out to ASRS MedicareComplete members who may be eligible for, but not yet enrolled in, these valuable programs. The partnership is helping ASRS members become aware of a number of federal, state, and community programs for which they may qualify. These Medicare Savings Programs (MSPs) can pay some or all of your Medicare Part B premium and may also pay certain plan co-payments for some individuals who have more limited income and resources.

Additionally, SSC can assist members who qualify to apply for “Extra Help” (or Low Income Subsidy), a program run by the Social Security Administration that pays for, reduces or eliminates your Medicare Part D prescription drug premium, co-pays and deductibles.

The unique Secure Touch benefit through SSC helps eligible members take advantage of a wide variety of valuable money-saving social programs; from energy, nutrition and telephone cost assistance to transportation and property tax programs.

There is no additional cost to you to apply for these voluntary programs and your ASRS MedicareComplete benefits are not affected. For more information on how you may qualify for these unique money-savings programs, please contact SCC at 877-218-4967 and be sure to identify yourself as an ASRS retiree.

# How to Complete Your 2011 Enrollment Form

Complete an ASRS enrollment form if you are enrolling for the first time, electing new coverage or changing existing coverage. Submission of a properly completed enrollment form is required to enroll in an ASRS medical and/or dental plan. Please complete the enrollment form as outline below:

## Step 1

- **January 1, 2011 is the effective date for the 2011 Open Enrollment period.** Effective date of your coverage for new retirees will be the first of the month following receipt of the enrollment form unless a future date is specified.
- Check the box that applies: Open Enrollment, New Retiree or Qualifying Event.
- If you do not want ASRS medical coverage, check Decline Medical Coverage.
- If you do not want ASRS dental coverage, check Decline Dental Coverage.
- Check the box that applies: Retired, Disabled or Survivor.

## Step 2

- Provide your name, social security number, address, etc.

## Step 3

- If you are enrolling, indicate which Medical Insurance Plan you are electing.

## Step 4

- If you are enrolling, indicate which Dental Insurance Plan you are electing.
- Prepaid Dental Plan ONLY: include Dentist ID# from the Assurant Provider Directory.
- If you are unsure what to include, please contact Assurant Employee Benefits at 800-443-2995.

## Step 5

- List yourself and all other eligible individuals you are including as dependents.
- For MedicareComplete Plan ONLY: indicate the names of the Primary Care Physician and Network you are choosing. These are listed in the UnitedHealthcare Provider Directories. If you are unsure what to list, please call 866-208-3248.

## Step 6

- Sign and date the form and return it by the **November 19, 2010** Open Enrollment deadline.
- **KEEP THE GOLDENROD COPY FOR YOUR RECORDS.**

### ADDITIONAL INFORMATION YOU MAY NEED TO PROVIDE:

- If you are enrolling for the first time in the ASRS MedicareComplete Plan, complete the separate **Statement of Understanding.**
- If you are enrolling for the first time in either ASRS Medicare plan, you need to provide a copy of your **Medicare card** along with your enrollment form.
- If you are terminating your MedicareComplete or Senior Supplement plan, complete the separate **Disenrollment Form.**

# Statement of Understanding (SOU)

**The SOU must be completed by all retirees and/or dependents who have Medicare Parts A & B and who are enrolling in the MedicareComplete Plan.**

UnitedHealthcare has entered into a contract with The Centers for Medicare and Medicaid Services (CMS), the federal agency responsible for the management of Medicare, to provide comprehensive health services to persons enrolled in the MedicareComplete Plan.

By signing the SOU, the retiree and/or dependent indicates to UnitedHealthcare and CMS that you understand:

- You must maintain Parts A & B by continuing to pay the Part B premiums and the Part A premiums, if applicable. These premiums are deducted from your Social Security check and **not** from your ASRS pension check.
- All medical services, with the exception of emergency services, urgently needed services, out-of-area dialysis and routine travel dialysis, or services for which the Plan allows members to self-refer to contracting providers, must be provided or arranged by the Plan-contracted providers. Services rendered without prior-authorization from MedicareComplete Plan, with the exception of emergency

services, urgently needed services, out-of-area renal dialysis and routine travel dialysis, or services for which MedicareComplete Plan allows member to self-refer to contracting providers, will not be reimbursed by the Plan or Medicare.

- You are bound by the benefits, co-payments, exclusions, limitations and other terms of the UnitedHealthcare Evidence of Coverage.
- You can only be enrolled in one MedicareComplete or Senior Supplement Plan at any one time.
- Your effective date of coverage will be the first day of the month following the date that UnitedHealthcare receives the completed enrollment form and SOU, and verification of Medicare Parts A and B, unless the requested effective date is at a later date.

**If you are enrolling in the Medicare Complete Plan for the first time, your completed SOU must be submitted along with your enrollment form to the ASRS or PSPRS, if applicable. UnitedHealthcare will also verify your enrollment in Medicare Parts A and B.**

- Keep the goldenrod copy of the SOU for your records.


# Cost for Coverage

## Medical Plan Premiums

(January 1 through December 31, 2011)

Use this chart to determine how your medical plan election will affect your pension check.

### MONTHLY PREMIUMS – MEDICAL PLANS PROVIDED BY UNITEDHEALTHCARE

 <b>UnitedHealthcare</b> <small>A UnitedHealth Group Company</small>	WITHOUT MEDICARE		WITH MEDICARE A & B		COMBINATIONS	
	Retiree Only	Retiree & Dependents	Retiree Only	Retiree & Dependents	Retiree & Dependent(s) One with Medicare, the other(s) without	Retiree & Dependent with Medicare, other dependent(s) without

#### Maricopa, Pima and Pinal Counties

Choice	<input type="checkbox"/> \$583.00	<input type="checkbox"/> \$1166.00			<b>Please see next page for combination premiums.</b>	
Senior Supplement & PDP <sup>(3)</sup>			<input type="checkbox"/> \$342.00	<input type="checkbox"/> \$684.00 <sup>(2)</sup>		
MedicareComplete HMO			<input type="checkbox"/> \$190.00	<input type="checkbox"/> \$380.00 <sup>(2)</sup>		

#### All Remaining Counties

Choice	<input type="checkbox"/> \$583.00	<input type="checkbox"/> \$1166.00			<b>Please see next page for combination premiums.</b>	
Senior Supplement & PDP <sup>(3)</sup>			<input type="checkbox"/> \$342.00	<input type="checkbox"/> \$684.00 <sup>(2)</sup>		
MedicareComplete HMO			<input type="checkbox"/> \$260.00	<input type="checkbox"/> \$520.00 <sup>(2)</sup>		

#### Out-of-State

Choice Plus PPO	<input type="checkbox"/> \$817.00	<input type="checkbox"/> \$1634.00			<b>Please see next page for combination premiums.</b>	
Senior Supplement & PDP <sup>(3)</sup>			<input type="checkbox"/> \$342.00	<input type="checkbox"/> \$684.00 <sup>(2)</sup>		

#### Notes applicable to Cost of Coverage

- (2) Retiree and Dependents monthly premium is a multiple of the number of lives covered and the Retiree Only premium.
- (3) The Senior Supplement medical plan includes a Medicare Part D prescription drug plan (PDP). If you are currently enrolled in the Senior Supplement medical plan and you elect to cancel your medical plan coverage, you are also cancelling your Medicare Part D prescription drug plan coverage. Please see notice on back of the enrollment form.


# Cost for Coverage

## Medical Plan Premiums

(January 1 through December 31, 2011)

Use this chart to determine how your medical plan election will affect your pension check.

### MONTHLY PREMIUMS – MEDICAL PLANS PROVIDED BY UNITEDHEALTHCARE

	COMBINATIONS		
 <b>UnitedHealthcare®</b> <small>A UnitedHealth Group Company</small>	Retiree & Dependent(s) One with Medicare, the other(s) without	Retiree & Dependent with Medicare, other dependent(s) without	

#### Maricopa, Pima and Pinal Counties

Senior Supplement & PDP <sup>(3)</sup> w/Choice	<input type="checkbox"/> \$925.00	<input type="checkbox"/> \$1267.00	
MedicareComplete HMO w/Choice	<input type="checkbox"/> \$773.00	<input type="checkbox"/> \$963.00	

#### All Remaining Counties

Senior Supplement & PDP <sup>(3)</sup> w/Choice	<input type="checkbox"/> \$925.00	<input type="checkbox"/> \$1267.00	
MedicareComplete HMO w/Choice	<input type="checkbox"/> \$843.00	<input type="checkbox"/> \$1103.00	

#### Out-of-State

Senior Supplement & PDP <sup>(3)</sup> w/ Choice Plus PPO	<input type="checkbox"/> \$1159.00	<input type="checkbox"/> \$1501.00	
---	------------------------------------	------------------------------------	--

#### Notes applicable to Cost of Coverage


- (3) The Senior Supplement medical plan includes a Medicare Part D prescription drug plan (PDP). If you are currently enrolled in the Senior Supplement medical plan and you elect to cancel your medical plan coverage, you are also cancelling your Medicare Part D prescription drug plan coverage. Please see notice on back of the enrollment form.

# Cost for Coverage *Dental Plan Premiums*

(January 1 through December 31, 2011)

Use this chart to determine how your dental plan election will affect your pension check.

## MONTHLY PREMIUMS – DENTAL PLANS PROVIDED BY ASSURANT EMPLOYEE BENEFITS

 DENTAL INSURANCE PLANS	Retiree Only	Retiree & 1 Dependent	Retiree & 2 or more Dependents
Freedom Advance (High Option)	<input type="checkbox"/> \$35.51	<input type="checkbox"/> \$70.87	<input type="checkbox"/> \$100.29
Freedom Basic (Low Option)	<input type="checkbox"/> \$16.67	<input type="checkbox"/> \$35.25	<input type="checkbox"/> \$64.54
Prepaid (Arizona)	<input type="checkbox"/> \$10.61	<input type="checkbox"/> \$17.41	<input type="checkbox"/> \$26.90
Prepaid (Other States Where Available)	<input type="checkbox"/> \$10.21	<input type="checkbox"/> \$17.27	<input type="checkbox"/> \$27.24

## Calculating Your Monthly Health Insurance Cost

Each retiree's circumstances are different. The ASRS offers retiree health insurance plans as does the Arizona Department of Administration and more than 200 participating employers to allow retirees to remain on their active employee coverage. Premium benefits vary depending on a retiree's years of service. They also vary among the four state retirement systems and plans. Premiums also differ depending on the plan in which the retiree is enrolled and whether single or family coverage is elected.

Use the worksheet on the next page to determine

the applicable amounts of insurance premium that either will be deducted from your monthly pension check or will be required to be paid directly to the insurance carrier(s) or to your employer.

Your ASRS retirement benefit check stub displays the basic premium benefit (HI PREM BENEFIT), and the full amount of your health insurance premium (HLTH INS PREM).

However, only your **net health insurance cost** is being deducted from your pension check.



# Net Monthly Health Insurance Cost Worksheet

Your monthly medical plan premium  
from page 56-57.

**A**

Your monthly dental plan  
premium from page 58.

**+****B****Total Premium****(A plus B)****C**

Your Basic Premium Benefit  
(See chart on page 60).

**-****D****Your Net Premium****(C minus D)****=****E**

# Retiree Health Insurance Premium Benefit Program

## *Basic Premium Benefit Amounts*

The monthly premiums shown in the charts on pages 56-58 are the full cost for the medical and dental coverages. The Arizona State Retirement System, Public Safety Personnel Retirement System, Elected Officials' Retirement Plan, and Corrections Officer Retirement Plan will provide payment toward insurance premiums for eligible members and their dependents. The chart below reflects the maximum monthly basic premium benefit available for eligible members and their dependents.

No basic premium benefit is provided to retirees in the University Optional Retirement Plans.

To determine your basic premium benefit, you need to know your years of credited service in your retirement system or plan; your coverage type, i.e., single or family coverage; and, whether you and covered family members are eligible for Medicare.

	WITHOUT MEDICARE		WITH MEDICARE A & B		COMBINATIONS	
Years of Service	Retiree Only	Retiree & Dependents	Retiree Only	Retiree & Dependents	Retiree & Dependents One with Medicare, the other(s) without	Retiree & Dependent with Medicare, other dependents without
<b>Arizona State Retirement System (ASRS) Members</b>						
5.0–5.9	\$75.00	\$130.00	\$50.00	\$85.00	\$107.50	\$107.50
6.0–6.9	\$90.00	\$156.00	\$60.00	\$102.00	\$129.00	\$129.00
7.0–7.9	\$105.00	\$182.00	\$70.00	\$119.00	\$150.50	\$150.50
8.0–8.9	\$120.00	\$208.00	\$80.00	\$136.00	\$172.00	\$172.00
9.0–9.9	\$135.00	\$234.00	\$90.00	\$153.00	\$193.50	\$193.50
10.0+	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00
<b>Elected Officials' Retirement Plan (EORP) Members</b>						
5.0–5.9	\$90.00	\$156.00	\$60.00	\$102.00	\$129.00	\$129.00
6.0–6.9	\$112.50	\$195.00	\$75.00	\$127.50	\$161.25	\$161.25
7.0–7.9	\$135.00	\$234.00	\$90.00	\$153.00	\$193.50	\$193.50
8.0+	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00
<b>Corrections Officer Retirement Plan (CORP) Members</b>						
not applicable	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00
<b>Public Safety Personnel Retirement System (PSPRS) Members</b>						
not applicable	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00

# Pension Checks

If you have enrolled in ASRS or ADOA retiree health care coverage, don't forget to verify your pension check for the correct premium for the coverage(s) you elected. If you feel that your pension check is not accurate, you must notify ASRS (or, PSPRS,

if applicable), Member Services within 30 days of your effective date. **Changes or additions requested beyond 30 days will only be allowed if there is a Qualifying Event.**

## Your Pension Check, Health Insurance Premiums and Premium Benefits

If you are an ASRS retiree with ASRS or ADOA retiree health care coverage, you may believe that the ASRS is charging the full cost of health insurance because your pension check Payment Detail shows the full cost of health care plan premiums under the "Deductions" column.

However, under the "Payment Sources" column of your pension check Payment Detail, please note the inclusion of additional monies reflected in


HI PREM BENEFIT (basic premium benefit). This amount is the premium benefit to which you may be entitled and offsets or reduces the full monthly medical and/or dental premiums you pay.

Though the total premium for health insurance is shown **you are only paying the net premium after the premium benefit is applied.**

# ASRS Pension Checks

Below is an example of an ASRS pension check for a retiree with ASRS or ADOA coverage. Please note, under the Payment Sources column, the inclusion of additional monies reflected in the premium benefit (HI PREM BENEFIT). Also note, under the Deductions column, the full health insurance premium for your medical and/or dental coverage (HLTH INS PREM).

However, retirees are only paying the net premium after the premium benefit is applied.



Arizona State Retirement System  
P.O. Box 33910  
Phoenix, AZ 85067-3910

Contact Us:  
(602) 240-2000 (within metro Phoenix)  
(520) 239-3100 (within metro Tucson)  
(800) 621-3778 (toll free outside metro Phoenix and Tucson)  
www.azasrs.gov

Bob Employee  
1234 Main Street  
Phoenix, AZ 85012

ACCOUNT ID ASR-PMM  
PLAN NAME ASRS ANNUITY - PLAN MEMBER

CRP16 PQ001 MNT

PAYEE INFORMATION					
PAYMENT DATE	CHECK NUMBER	SOCIAL SECURITY NUMBER		NET PAYMENT	
	0000000000	123-45-6789		821.78	

PAYMENT DETAIL					
PAYMENT SOURCES	CURRENT	YEAR-TO-DATE	DEDUCTIONS	CURRENT	YEAR-TO-DATE
ANNUITY	562.86	1,688.58	FEDERAL TAX	5.00	15.00
PBI/EPBI	312.88	938.64	STTAX-AZ	1.00	3.00
NONTAX EXCLU	10.04	30.12	HLTH INS PREM	158.00	474.00
HI PREM BENEFIT	100.00	300.00			
<b>GROSS PAYMENT</b>	<b>985.78</b>	<b>2,957.34</b>	<b>TOTAL DEDUCTIONS</b>	<b>164.00</b>	<b>492.00</b>

**HI PREM BENEFIT:** Premium Benefit provided to you which is applied to the cost of the monthly health insurance premium for your medical and dental plan coverage.

**HLTH INS PREM:** Total Health Insurance Premium for the medical and dental plans in which you are enrolled before **HI PREM BENEFIT** is applied.

W/H ELECTIONS: FED CALCULATED - M/O+5.00  
STATE FLAT PERCENTAGE - 11%

DATE	PLAN NAME	CHECK NO.
EIGHT HUNDRED TWENTY-ONE DOLLARS 78 CENTS	ASRS ANNUITY - PLAN MEMBER	09

**PAY TO THE ORDER OF**

**Bob Employee**  
1234 Main Street  
Phoenix, AZ 85012

5-2  
110

**AMOUNT**

**\$\*\*\*\*\*821.78**

NOT VALID AFTER 180 DAYS

Payable at: State Street Bank & Trust  
Boston, MA 02102

**VOID**

ACCOUNT ID  
ASR-PMM

*[Signature]*

0000000000 :011000028: 99060402<

# Frequently Asked Questions

1. *If I don't enroll by the November 19, 2010 deadline, what will happen?*

If you wish, or are required, to make a plan change and you fail to submit your completed Enrollment Form by the close date, your election(s) will not become effective. Consequently, **you will not have the coverage you wanted and needed** beginning January 1, 2011.

2. *Can't I just enroll in the medical plan (or dental plan) I want on the Enrollment Form without having to complete the dental plan (or medical) portion because I'm not changing that coverage?*

Please read this! Complete the Enrollment Form in its entirety. Even if you are only changing from one medical plan to another medical plan or from one dental plan to another dental plan, fill out the form completely. Be thorough. If, in fact, you are declining coverage for 2011, please check the appropriate box(es) at the top of the Enrollment Form OR write a letter indicating your declining coverages. A properly completed Enrollment Form must be received by the ASRS or PSPRS, if applicable, or be post-marked no later than midnight, Friday, November 19, 2010.

3. *What is the best way to determine which medical plan is right for me?*

There's a lot to consider. The key is for you to look at your own situation, study what the plans offer and their corresponding premiums, where the plans offer coverage (i.e., in which AZ county or out-of-state), and decide what is best for you.

4. *Both my spouse and I are ASRS retirees. What are our enrollment options?*

The ASRS Premium Benefit Program provides the greater of 2 single premium benefits or 1 family premium benefit to each retiree. Such retirees can receive the greatest application of the premium benefit program with one retiree enrolling in a medical plan choosing family coverage and the other retiree enrolling in a dental plan choosing family coverage.

5. *My current coverage will continue to be provided by my Participating Employer. What do I need to do?*

Some employers do not permit retirees to continue health insurance coverage at retirement. Other employers allow retirees coverage for a specific period of time. Review with your Participating Employer continuing eligibility. If you continue health insurance with your employer, complete a health insurance application with them. It is important you know how long you may continue coverage with your Participating Employer.

# Frequently Asked Questions

Once you drop your Participating Employer's health insurance coverage, you may not be eligible to return to their plan. (NOTE: You are eligible to enroll in ASRS health insurance at the time of retirement, during open enrollment, or if you have a qualifying event.)

6. *What should I do if my spouse has benefits through another employer?*

Coordinate your coverages. Study what your spouse has, then decide which ASRS retiree health insurance options provide you with the most appropriate overall coverage. It is usually best to pick coverage that compliments, not duplicates, the other coverage.

7. *I am enrolling in the non-Medicare UnitedHealthcare Choice plan. Do I need to choose a Primary Care Physician (PCP) for myself and my whole family?*

Retirees and their families may access any provider in the network rather than requiring a PCP to direct all medical care.

8. *I'm enrolling in the Medicare Complete plan. What kind of doctors are available from which to choose when selecting a PCP? Must I choose a Primary Care Physician (PCP) for myself and for my whole family?*

Your Medical plan PCP is responsible for coordinating all of your medical care, including referrals to specialists and obtaining necessary prior authorizations. PCPs are Family Practice, General Practice or Internal Medicine. Women may self-refer to an in-network OB/GYN.

While you may select one PCP for your whole family, you may want to choose different PCPs for each family member. Each covered family member may have his or her own PCP. You will need to record a PCP for each covered family member, even if you all use the same one, on the Enrollment Form in the "listing of eligible to be enrolled" section near the bottom of the form.



# Frequently Asked Questions

**9. *How can I get a directory of medical providers?***

For SecureHorizons MedicareComplete call 866-208-3428 or visit [www.uhcre-tiree.com/asrs](http://www.uhcre-tiree.com/asrs). For Choice or Choice Plus call 800-509-6729 or visit [www.uhc.com](http://www.uhc.com). Printed directories will also be available at all open enrollment meetings. Please remember that a copy of a provider directory is only accurate as of the date it was printed. Updated provider information is available online. You may call the physician you wish to select to verify their participation and availability.

**10. *I'm enrolling for family coverage in the Assurant Prepaid Dental Plan. May I select a General Dentist for my whole family?***

**Prepaid Dental:** While you may select one General Dentist for everyone, you may want to choose a different General Dentist for each family member. Each covered family member can have his or her own General Dentist.

**11. *What kind of dentist may I choose when selecting a General Dentist?***

**Prepaid Dental:** With your Assurant prepaid dental plan, you need to select a General Dentist from the list of contracted providers. Simply choose a provider from the provider directory and list the dentist ID# on your Enrollment Form.

To get a directory, please call the Assurant ASRS on-site representative at the number listed on the inside back cover of this guide or visit the

Assurant Employee Benefits website at [www.assurantemployeebenefits.com](http://www.assurantemployeebenefits.com). Click on "Find a Dentist" and then select "Heritage Series".

**Indemnity Dental:** With your Assurant indemnity dental plan, you have complete freedom-of-choice in dental providers. You have access to any eligible licensed General Dentist or specialist in the United States. Assurant strongly suggests that whenever the cost of any recommended dental care exceeds \$300, a dental treatment plan be submitted for review before treatment begins. This pre-estimate of benefits will inform you of your out-of-pocket costs.

**12. *How do I change my General Dentist?***

**Prepaid Dental:** Call Assurant at 1-800-443-2995 to change General Dentists. Requests must be received by the 20th day of the month to be effective the 1st day of the following month. Requests received after the 20th of the month will be effective on the 1st day of the 2nd month. Remember, if you would like to change your General Dentist, you must contact Assurant before making an appointment with your new General Dentist.

**Indemnity Dental:** The plan provides complete freedom-of-choice in providers. No selection is necessary.

**13. *How do I use my General Dentist?***

**Prepaid Dental:** Your General Dentist is responsible for maintaining your dental health. Should you need a specialist (periodontics, endodontics,

# Frequently Asked Questions

oral surgery, orthodontia), you may self-refer for dental care. You are encouraged to discuss all your dental health needs with your General Dentist. He/she will be happy to work with you to assure you understand your dental health needs. Assurant's provider directory lists all dental providers. The contracted providers are credentialed by Assurant provider relations staff to assure they meet corporate standards.

**Indemnity Dental:** You have access to dental care from any eligible licensed dentist or specialist in the United States. However, you may use Assurant's Dental Health Alliance (DHA) participating dentists to receive additional savings on all your dental treatment and services. Participating DHA dentists discount their fees up to 30% off of their usual and customary fees. Call 800-985-9895 or visit the Assurant website at [www.assurantemployeebenefits.com](http://www.assurantemployeebenefits.com) to locate a participating DHA dentist near you.

## 14. *What is the procedure if I need to see a Specialist?*

**Prepaid Dental:** You do not need a referral from your General Dentist to see a participating dental specialist. Contracted dental specialists are listed in the Assurant provider directory alphabetically by city and specialty, e.g. (endodontics, oral surgery, periodontics) The contracted Specialty Benefit Amendment (SBA) specialist will charge you the specialty care copayments listed on your Schedule of Benefits. For services not listed on the Schedule of Benefits, the specialist will offer a 25% discount (15% for endodontic care) off their usual and

customary charge (UCR). Benefits for specialty care are not available from non-contracted dentists. Orthodontic care is offered to adults and children at a 25% discount from the dentist's UCR fee.

**Indemnity Dental:** You have access to dental care from any eligible licensed dentist or specialist in the United States. However, you may use Assurant's Dental Health Alliance (DHA) participating dentists to receive additional savings on all your dental treatment and services. Participating DHA dentists will discount their fees up to 30% off their usual and customary fees. Call 800-985-9895 or visit the Assurant special website at [www.assurantemployeebenefits.com](http://www.assurantemployeebenefits.com) to locate participating DHA dentists.

## 15. *How much and when do I have to pay for my dental visit?*

**Prepaid Dental:** You will be charged according to your Schedule of Benefits on the Prepaid Dental Plan. Please discuss all charges with your General Dentist before the services are performed. Payment for dental services is due at the time treatment is rendered. Dental services not listed on your Schedule of Benefits are NOT covered.

**Indemnity Dental:** Most dentists will file your dental claims for you and charge you your coinsurance and any deductible that may apply. You will receive an Explanation of Benefits after Assurant pays the claim which will show you what services have been covered and the amount for which you are responsible.

# Frequently Asked Questions

**16. *What is an emergency/problem focused dental exam?***

It is a dental exam, other than an initial or periodic exam, which is limited to a specific oral health problem. An emergency/problem focused dental exam is the sudden and unexpected onset of an acute condition involving severe pain, requiring immediate dental care for temporary pain relief. For the prepaid plan only, dental appointments are on an availability only basis and at a \$25 copayment fee.

**17. *How can I get a directory of Assurant dental providers?***

**Prepaid Dental:** Call 800-443-2995 or access the Assurant website at [www.assurantemployeebenefits.com](http://www.assurantemployeebenefits.com).

**Indemnity Dental:** You have access to dental care from any eligible licensed dentist or specialist in the United States. However, you may use Assurant's Dental Health Alliance (DHA) participating dentists to receive additional savings on all your dental treatment and services. Call 800-985-9895 or visit the Assurant website at [www.assurantemployeebenefits.com](http://www.assurantemployeebenefits.com) to locate a participating DHA dentist near you.

**18. *What should I tell my dependent beneficiary to do about my pension benefits and health insurance coverage in the event of my death?***

There is no quick or simple answer. Your dependent beneficiary is encouraged to contact ASRS Member Services, PSPRS Member Services Staff, or ADOA Member Services, if applicable, at the time of your death. Decisions will have to be made regard-

ing continuation of pension benefits if you elected a pension option other than straight life annuity. Likewise, continuation of or enrollment in an ASRS retiree health care plan by your beneficiary must be decided within six (6) months of your death. An enrollment form must be filled out by your beneficiary and/or dependent (who has medical and/or dental coverage on your policy) and mailed to ASRS. Also, if you elected a reduced premium benefit, your beneficiary may be entitled to a continuation of that benefit. Your beneficiary will need to provide certified copies of your death certificate to affect any change in your pension or health insurance benefits.

**19. *Are there are pre-existing condition limitations on the ASRS retiree medical insurance plans?***

No, there are no pre-existing condition limitations on any of the ASRS medical insurance plans.

**20. *How much are the 2011 monthly premiums for Medicare Part "B"?***

Since January 1, 2007, your Part B premiums have been based on your income. Most people will pay the standard monthly Part B premium of \$96.40. Some people will pay a higher premium based on their modified adjusted gross income, upon eligibility for Part B, or those Medicare enrollees who do not receive a Social Security benefit. See the chart on the next page.

Your monthly premium will be higher if you file an individual tax return and your annual income is more than \$85,000, or if you are married (file a joint tax return) and your annual income is more than \$170,000.

# Frequently Asked Questions

If you meet these criteria, Social Security will use income from three years ago. For example, the income reported on your 2007 tax return will be used to determine your monthly Part B premium in 2010. If your income has decreased since 2007, you can ask that the income from a more recent tax return be used to determine your premium, but you must meet certain criteria.

At the end of each year, Social Security Administration should have sent to you a letter if your Part B premium will increase based on the level of your income and to tell you what you can do if you disagree. For more information about Part B premiums based on income, call Social Security at 800-772-1213. TTY users should call 800-325-0778.

## **PLEASE NOTE:**

At the time of the printing of this guide, Congress had not acted on measures designed to adjust the cost of Medicare Part B premiums for 2011. At left is what is currently in effect. As information become available, ASRS retirees will be notified through the quarterly ASRS publication, ***Your Retirement***.

You Pay:	If Your Yearly Income Is:	
\$110.50 \$154.70 \$221.00 \$287.30 \$353.60	<b><i>SINGLE</i></b>	<b><i>MARRIED COUPLE</i></b>
	\$85,000 or less	\$170,000 or less
	\$85,001 - \$107,000	\$170,001 - \$214,000
	\$107,001 - \$160,000	\$214,001 - \$320,000
	\$160,001 - \$214,000	\$320,001 - \$428,000
	Above \$214,000	Above \$428,000
You Pay:	If Married But Filing a Separate Tax Return, and Your Yearly Income Is:	
\$110.50 \$287.30 \$353.60	\$85,000 or less	
	\$85,001 - \$129,000	
	Above \$129,000	

*\* Most Medicare beneficiaries will continue to pay the same \$96.40 Part B premium amount in 2010. Beneficiaries who currently have the Social Security Administration (SSA) withhold their Part B premium and have incomes of \$85,000 or less (\$170,000 or less for joint filers) did not have an increase in their Part B premium for 2010.*

# Glossary

**Allowable Amount** Term used by some health care plans (both medical and dental plans) to determine the amount of the Billed Charge which would be considered Usual, Customary, and Reasonable (see page xx for definition). Term may also be known as the allowable charge.

**Balance Billing** Billing a patient for the difference between the dentist's actual charge and the amount allowed or paid by the patient's dental benefits plan. Balance billing for an amount other than the discounted fee for the service(s) performed is not allowed with a DHA participating dentist.

**Billed Charge** The amount the provider bills for services rendered.

**Coinsurance** The percent of the allowable amount to be paid by the insurance company and the patient; i.e., 60/40 or 80/20. (The first percentage is paid by the company; 60 or 80.)

**Copayment** The fixed fee that must be paid to the provider at the time services are provided, such as the pharmacy for a prescription.

**Deductible** The initial amount the patient must pay out of their pocket for covered services before benefits are payable by the insurance carrier.

**Emergency** Defined by each plan in accordance with their standard definitions.

**Health Maintenance Organization (MedicareComplete)** A medical plan providing comprehensive medical benefits, including preventive care, when you agree to use a select group of network providers. Generally, all care is directed by your chosen

Primary Care Physician (PCP). Your PCP will refer you to a specialist if medically appropriate.

**Indemnity Dental Plan** A dental plan that allows you to choose any eligible licensed provider in the United States to receive care. Members and dentists are reimbursed for eligible dental expenses according to the benefit schedule in effect, allowing for deductibles and coinsurance.

**In-Network** Services provided by a contracted provider in accordance with all plan requirements.

**Medicaid** A state-run health insurance program designed primarily to help those with low income and little or no resources. The federal government helps pay for Medicaid, but each state has its own rules about who is eligible and what is covered under Medicaid. Some people qualify for both Medicare and Medicaid.

**Medicare** Our country's health insurance program for people age 65 or older, certain people with disabilities who are under age 65 and people of any age who have permanent kidney failure. It provides basic protection against the cost of health care, but it doesn't cover all medical expenses or the cost of most long-term care.

Medicare is financed by a portion of Federal Insurance Contributions Act (FICA) taxes, or payroll taxes, paid by workers and their employers. It also is financed in part by monthly premiums paid by beneficiaries.

The Centers for Medicare and Medicaid Services (CMS) is the federal agency responsible for managing both Medicare and Medicaid.



# Glossary (continued)

There are three parts of Medicare. They are:

- **Hospital Insurance** (also called Medicare “Part A”), which helps pay for care in a hospital and skilled nursing facility, home health care and hospice care;
- **Medical Insurance** (also called Medicare “Part B”), which helps pay for doctors, out-patient hospital care and other medical services. Medicare requires that you pay a monthly premium for the Part B coverage.
- **Prescription Drug Insurance** (also called Medicare “Part D”), helps pay for a portion of the prescription drug expense after satisfying a calendar year deductible. Medicare requires that you pay a monthly premium for the Part “D” coverage. ASRS enrolled members do not have to purchase separate Part “D” coverage as each ASRS Medicare eligible medical plan provides a similar prescription drug program.

**MedicareComplete Plan** is a plan for members who are enrolled in Medicare Parts A & B and in which UnitedHealthcare has entered into a contract with The Centers for Medicare and Medicaid Services (CMS), the federal agency that administers Medicare. This contract authorizes UnitedHealthcare to provide comprehensive health services to persons who are entitled to Original (traditional) Medicare benefits and who choose to enroll in the MedicareComplete Plan. By enrolling in the MedicareComplete Plan, you have made a decision to receive all your routine health care from UnitedHealthcare contracted providers.

**Non-Participating Dental Provider** A provider with no contractual limitation on what he/she may bill and thus may charge full fees for dental treatment and services performed.

**Participating Dental Specialist** A specialized provider, such as an endodontist, periodontist, or oral surgeon, with a contractual limitation on what he/she may bill the patient for services covered by the prepaid dental plan.

**Pre-Estimate of Benefits (Indemnity Dental plan only)** Whenever the estimated cost of a recommended Dental Treatment Plan exceeds \$300, the treatment plan should be submitted to the insurance carrier for review. This permits the carrier to review the treatment plan for alternative treatment procedures, which may be less costly, provided they do not affect the quality of care. The member knows in advance what his/her financial responsibility for the treatment will be prior to the actual services being performed.

**Preferred Provider** A provider who has signed an agreement with the insurance carrier not to charge that carrier’s members more than the insurer’s Allowable Amount.

**Precertification Review** A process that verifies the medical necessity and appropriateness of proposed services or supplies.

**Preferred Provider Organization (PPO) Plan** A plan that provides benefits in an indemnity fashion, but pays a higher percentage of the cost of services if patients use a PPO-network provider than if they use non-PPO providers. **If you go to a provider who is a member of the PPO network**, after you first satisfy a deductible, the plan generally pays 80 percent of the cost for care and you pay 20 percent. **If you go to a provider who is not a member of the PPO network**, after you first satisfy a deductible, the plan generally pays 60 percent of the cost for care and you pay 40 percent.



# Glossary (continued)

**Prepaid Dental Plan** A dental plan that allows reduced payment for dental services for members who agree to use dentists in the plan's provider network. Generally, dental care is provided through your chosen general dentist. Preventive services sought in accordance with the plan's schedule of benefits are generally provided at low cost to the member. Members pay according to a set schedule for restorative services. Certain major services may be provided by a specialized dentist at a higher cost to the member.

**Primary Care Physician (PCP)** The physician responsible in an HMO plan for directing all patient care including referrals to specialists and obtaining necessary pre-certifications. This physician is a General Practice, Family Practice, Pediatric or Internal Medicine specialist. Women can self-refer to an in-network OB/GYN.

**Prophylaxis** A routine cleaning procedure that includes light scraping (scaling) of the teeth to remove plaque and calculus/tartar. This procedure should be performed at least every six months.

**Rehabilitation** Usually physical therapy, speech therapy and/or occupational therapy.

**Senior Supplement Plan** is for members who are enrolled in both Medicare Parts A & B. With this Plan you have the freedom to obtain medical care from any physician or hospital that accepts Medicare.

**UnitedHealthcare Disenrollment Form** A form that must be completed and signed by all Medicare eligible retirees and/or dependents who are currently enrolled in a MedicareComplete Plan or the Senior Supplement Plan and who are dropping that coverage to return to traditional Medicare. This form requests that your health care coverage revert back to the traditional Medicare fee-for-service program. The effective date will be the first

day of the month following receipt of the Disenrollment Form, unless a future date is requested.

**Specialty Benefit Amendment** A special amendment added to the pre-paid dental plan's Schedule of Benefits that allows patients to receive select major dental services from Assurant contracted specialists for a specific copayment, available to Arizona residents only.

**Statement of Understanding (SOU)** If you are enrolling in the MedicareComplete Plan, you are required to sign and submit a Statement of Understanding along with your 2011 Enrollment Form. This is a federal government requirement mandated by the Centers for Medicare and Medicaid Services (CMS), the federal agency responsible for these programs. The SOU summarizes the fundamental terms and conditions of your coverage.

For the MedicareComplete Plan, the SOU explains that, with the exception of emergency or out-of-area urgently needed care, services must be provided by your Primary Care Physician (PCP) or other UnitedHealthcare contracted providers. If you receive services or treatments without precertification from UnitedHealthcare's contracted providers, the cost of those services or treatments would not be reimbursed by UnitedHealthcare or Medicare.

**Usual, Customary and Reasonable (UCR)** A charge which is based on the general level of charges made by other providers in the area for like treatment, procedures, services, and or supplies, also known as the Allowable Amount or allowable charge. The insurance carrier's determination of the UCR is final for the purpose of determining benefits payable under the insurance carrier's policy.

# Arizona Department of Administration's (ADOA) 2011 Open Enrollment

This section of the ASRS Open Enrollment Guide has been added so that ASRS retirees enrolled in the Arizona Department of Administration's (ADOA) health insurance program may see a side-by-side comparison of the provisions of the ADOA and the ASRS health insurance plans and their respective monthly premiums.

The chart below shows enrollment by the provider networks offered through ADOA for non-Medicare

and Medicare eligible ASRS and Public Safety Personnel Retirement System (PSPRS) retirees. The vast majority of retirees are already enrolled in ADOA plans for which UnitedHealthcare's provider networks apply. All ASRS retiree health insurance plans are offered by UnitedHealthcare so the prospect of losing your current physician or specialist should not be a concern as you contemplate a change in retiree medical plans.

**Arizona Department of Administration  
Number of Health Insurance Enrolled Retirees**

	<b>EPO</b>		<b>PPO</b>		<b>Total</b>
	<u>Non-Medicare</u>	<u>Medicare</u>	<u>Non-Medicare</u>	<u>Medicare</u>	
Aetna	118	162	15	58	353 (4%)
CIGNA	257	451	Not Offered		708 (9%)
Ameriben	460	648	51	174	1,333 (17%)
UnitedHealthcare	1,969	2,925	31	148	5,073 (65%)
Blue Cross/Blue Shield	Not Offered		112	272	384 (5%)
Northern AZ University					
<b>Total</b>	<b>2,804</b>	<b>4,186</b>	<b>209</b>	<b>652</b>	<b>7,851 (100%)</b>

Though the ASRS will conduct its open enrollment from October 25, to November 19, 2010, ADOA will conduct its open enrollment from November 1, to November 19, 2010. Both programs will have an effective date of January 1, 2011 and each program will use a calendar year for its plan year. Therefore, benefit or premium changes that may be applicable to each ADOA and ASRS program will become effective January 1, 2011.

**A VERY IMPORTANT NOTE:** ADOA's open enrollment is not a positive re-enrollment of every member. If you do not wish to make changes to your medical, dental and/or vision coverage you do not need to complete an ADOA enrollment form; your current ADOA coverage will remain in effect.

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# Arizona Department of Administration's (ADOA) 2011 Open Enrollment

## ADOA Benefit Expos

Benefit Expos for ADOA's Open Enrollment will be held to allow retirees an opportunity to meet with the medical, dental, pharmacy and vision vendors as well as representatives from ADOA. Booths will set up to allow you to learn about your benefit options, ask questions, and select the best plan(s) for you and your family. ADOA Benefit Expo dates, times, and locations are listed below. The hours are 8 a.m. until 4 p.m. See the ADOA enrollment guide for parking instructions.

### Phoenix

- **November 2, 2010** - Phoenix Convention Center, 100 N 3rd St, Phoenix, AZ 85004
- **November 3, 2010** - Renaissance Hotel, 9495 W Coyotes Blvd, Glendale, AZ 85305
- **November 4, 2010** - Fiesta Resort Conference Center, 2100 S Priest Dr, Tempe, AZ 85282

### Flagstaff

- **November 5, 2010** - Radisson Woodlands Hotel, 1175 W Route 66, Flagstaff, AZ 86001

### Tucson

- **November 8, 2010** - Four Points Sheraton, 1900 E Speedway Blvd, Tucson, AZ 85719
- **November 9, 2010** - University Park Marriott, 880 E 2nd St, Tucson, AZ 85719

The ASRS Member Services Division and representatives from UnitedHealthcare will also be in attendance at each benefits expo to answer retiree questions about ASRS and ADOA medical plan coverage. This is your opportunity to receive accurate and clear advice about the differences in each medical and prescription drug program.

## What should you do?

Study the enrollment materials provided to you by the ADOA and the ASRS (or, PSPRS, if applicable). Review the ASRS and ADOA retiree medical plan comparison charts in this as well as ADOA's Open Enrollment Guides for greater detail of UnitedHealthcare's medical plans. If, after comparing the ASRS retiree health care information, you believe that the ASRS may offer you a better value, then make new elections and return your enrollment form by November 19. You will also need to notify the ADOA *in writing* that you would like to discontinue your health insurance benefits with ADOA effective December 31. The ASRS coverage will then become effective January 1. On the other hand, if you are satisfied with your ADOA coverage, ignore the ASRS (or PSPRS, if applicable) open enrollment packet and follow ADOA open enrollment guidelines.

Please keep in mind that once you decide to enroll in ASRS medical and dental benefits, you may no longer elect ADOA coverage in the future. However, if you decide to keep ADOA dental benefits only, you may re-enroll in an ADOA medical plan during a future ADOA annual Open Enrollment period.

For answers to your ADOA Open Enrollment questions, you may contact the ADOA Benefits Services Division by calling 602-542-5008 or toll free 800-304-3687 between 8 a.m. and 5 p.m. Monday through Friday (Arizona time).

You can also email your questions to: [benefitsissues@azdoa.gov](mailto:benefitsissues@azdoa.gov).

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# ASRS and ADOA Retiree Medical Plans

## *Medicare HMO / EPO Medical Plans*

Plan Provisions	ASRS (2011) Medicare Complete (HMO)	ADOA (2011) EPO
Calendar Year Deductible	None	None
Out-of-pocket/Coinsurance Maximum	\$6,700	None
Maximum Lifetime Benefit	No Maximum	No Maximum
<b>Outpatient Benefits</b>		
PCP Office Visit	\$15 copay	\$15 copay
Specialist Office Visit	\$30 copay	\$30 copay
Routine Office Physical	No Charge	\$15 copay
Immunizations	No Charge	\$15 copay PCP/\$30 copay Spec
Vision Exam	\$20 copay	\$15 copay (medical exam only - no refractive exam coverage)
Hearing Exam	No charge	\$15 copay PCP/\$30 copay Spec
Outpatient Mental Health	\$30 copay	\$15 copay
Outpatient Hospital Services	\$100 copay	\$50 copay
Outpatient Standard X-rays	No charge	No charge
Outpatient Specialized Scans	\$50 copay	No charge
Outpatient Lab Tests	No charge	No charge
Durable Medical Equipment	No charge	No charge
Prosthetic Devices	No charge	No charge
Skilled Nursing Facility	No charge (100 day limit per benefit period)	No charge (90 day limit per member per year)
Home Health Care	No charge	limit 42 visits per year
Physical, Speech, Occupational, Respiratory, & Cardiac Therapy	\$15 copay	\$15 copay
<b>Inpatient Benefits</b>		
Inpatient Hospital Admission	\$100 copay	\$150 copay
Inpatient Hospital Expenses	No Charge	\$150 copay
Inpatient Mental Health	\$100 per admission; 190 days Lifetime	\$150 copay
<b>Prescription Benefits</b>		
Generic/Brand	\$20/\$40	\$10/\$20/\$40
Mail Order (90-day supply)	2 copays for 90-day supply	2 copays for 90-day supply
<b>Other Benefits</b>		
Emergency Room	\$50 copay (waived if admitted)	\$125 copay (waived if admitted)
Urgent Care Facility	\$15 copay	\$40 copay
Ambulance	\$25 copay	No charge
<b>Vision Benefits</b>		
Lenses and Frames	\$130 Eyeglass Allowance or \$105 Contact Lens Allowance every 12 months	Not Covered
Hearing Aids	\$500 Allowance every 3 years	One per ear per plan year
<b>Premiums</b>		
	Retiree / Family	Retiree / Retiree +1 / Family
Maricopa, Pima, Pinal	\$190 / \$380	\$442 / \$878 / \$1166
All other counties	\$260 / \$520	\$442 / \$878 / \$1166

**ASRS Higher Benefit****ASRS Lower Benefit**

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# ASRS and ADOA Retiree Medical Plans

## *Medicare Senior Supplement / PPO Medical Plans*

Plan Provisions	ASRS (2011) Senior Supplement Plan	ADOA PPO Plan (2011)	
		In-Network	Out-of-Network
Calendar Year Deductible	None	\$500 individual \$1000 family	\$1000 individual \$2000 family
Maximum Plan Year Out-of-Pocket and Coinsurance Expenses	\$6,700	\$1,000 individual \$2,000 family (deductible must be met before copay applies)	\$4,000 individual \$8,000 family (deductible must be met before copay applies)
Maximum Lifetime Benefit	None	Unlimited	None
<b>Outpatient Benefits</b>			
PCP Office Visit	\$15 copay	\$15*copay	50%*
Specialist Office Visit	\$15 copay	\$30*copay	50%*
Routine Office Physical	100%	\$15*copay	50%*
Examinations/Immunizations	100%	\$15*copay	50%*
Vision Exam	\$20 deductible plus cost above \$80 allowance for out-of- network	\$15 copay (medical exam only)*	50%*
Hearing Exam	Not covered	\$15*copay	50%*
Outpatient Mental Health	100%	\$15*copay	50%*
Outpatient Hospital Services	\$150 copay w/1st admin only	\$50*copay	50%*
Outpatient Standard X-rays	100%	100%*	50%*
Outpatient Specialized Scans	100%	100%*	50%*
Outpatient Lab Tests	100%	100%*	50%*
Durable Medical Equipment	100%	100%*	50%*
Prosthetic Devices	100%	100%*	50%*
Skilled Nursing Facility	Days 1-100 = \$0 Days over 100 = all costs	\$100* (90 day limit per member per year)	50%*
Home Health Care	100%	limit 42 visits per year \$15* copay	limit 42 visits per year 50%*
Physical, Speech, Occupational, Respiratory, & Cardiac Therapy	100%	(60 visit limit for In and Out-of-Network)	(60 visit limit for In and Out-of-Network)
<b>Inpatient Benefits</b>			
Inpatient Hospital Expenses	\$150 IP Hospital deductible	\$150*copay	50%*
Inpatient Mental Health Expenses	\$150 IP Hospital deductible	\$150*copay	50%*
<b>Prescription Benefits</b>			
Generic/Brand	\$10/\$35/\$35 copay	\$10/\$20/\$40	in network pharmacy only
Mail Order (90-day supply)	\$20/\$70/\$70 copay	\$20/\$40/\$80	in network pharmacy only
<b>Other Benefits</b>			
Emergency Room	\$50 copay (waived if admitted)	\$125*copay (waived if admitted)	\$125 50%*
Urgent Care Facility	\$25 copay	\$40*copay	\$125 50%*
Ambulance	100%	100%*	\$125 50%*
<b>Vision Benefits</b>			
Lenses and Frames	\$130 allowance in-network per calendar year / \$100 allowance out-network per calendar year	Not covered	Not covered
Hearing Aids	Not covered	One per ear per year	50%*
<b>Premiums</b>			
	Retiree / Family	Retiree / Retiree +1 / Family	
Maricopa, Pima, Pinal	\$342 / \$684	\$789 / \$1576 / \$1980	
All other counties	\$342 / \$684	\$789 / \$1576 / \$1980	
Out-of-State	\$342 / \$684	\$789 / \$1576 / \$1980	

\*Subject to Calendar Year Deductible.

**ASRS Higher Benefit**  
**ASRS Lower Benefit**

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# ASRS and ADOA Retiree Medical Plans

## *Non-Medicare In-State*

Plan Provisions	ASRS Choice Plan (2011)	ADOA PPO Plan (2011)		ADOA (2011)
	In-Network Only	In-Network	Out-of-Network	EPO
Calendar Year Deductible	None	\$500 individual \$1000 family	\$1000 individual \$2000 family	None
Maximum Plan Year Out-of-Pocket and Coinsurance Expense	\$3,000 individual \$6,000 family	\$1,000 individual \$2,000 family (deductible must be met before copay applies)	\$4,000 individual \$8,000 family (deductible must be met before copay applies)	None
Maximum Lifetime Benefit	None	Unlimited	None	No Maximum
<b>Outpatient Benefits</b>				
Physician Office Visit	\$20 copay	\$15*copay	50%*	\$15 copay
Specialist Office Visit	\$40 copay	\$30*copay	50%*	\$30 copay
Routine Office Physical	\$20 copay	\$15*copay	50%*	\$15 copay
Examinations/Immunizations	\$20/\$40 copay	\$15*copay	50%*	\$15 copay PCP/\$30 copay Spec
Vision Exam	\$40 copay	\$15 copay (medical exam only)*	50%*	\$15 copay (medical exam only - no refractive exam coverage)
Hearing Exam	\$40 copay	\$15*copay	50%*	\$15 copay PCP/\$30 copay Spec
Outpatient Mental Health	\$40 copay	\$15*copay	50%*	\$15 copay
Outpatient Hospital Services	70%	\$50*copay	50%*	\$50 copay
Outpatient Standard X-rays	\$20 copay	100%*	50%*	No charge
Outpatient Specialized Scans	\$150 copay	100%*	50%*	No charge
Outpatient Lab Tests	100%	100%*	50%*	No charge
Durable Medical Equipment	100%	100%*	50%*	No charge
Prosthetic Devices	50%	100%*	50%*	No charge
Skilled Nursing Facility	100%	\$100% (90 day limit per member per year)	50%*	No charge (90 day limit per member per year)
Home Health Care	100%	42 visits per year	42 visits per year	limit 42 visits per year
Physical, Speech, Occupational, Respiratory, & Cardiac Therapy	\$40 copay (20 visit limit)	\$15*copay (60 visit limit for In and Out-of-Network)	50%* (60 visit limit for In and Out-of-Network)	\$15 copay
<b>Inpatient Benefits</b>				
Inpatient Hospital Admission	No Adm. Chg.	\$150*copay	50%*	\$150 copay
Inpatient Hospital Expenses	70%	100%*	50%*	\$150 copay
Inpatient Mental Health	70%	\$150*copay	50%*	\$150 copay
<b>Prescription Benefits</b>				
Generic/Brand	\$10/\$50/\$75 copay	\$10/\$20/\$40	in network pharmacy only	\$10/\$20/\$40
Mail Order (90-day supply)	\$25/\$125/\$188 copay	\$20/\$40/\$80	in network pharmacy only	2 copays for 90-day supply
<b>Other Benefits</b>				
Emergency Room	\$100 copay (waived if admitted)	\$125*copay (waived if admitted)	\$125 50%*	\$125 copay (waived if admitted)
Urgent Care Facility	\$40 copay	\$40*copay	\$125 50%*	\$40 copay
Ambulance	100%	100%*	\$125 50%*	No charge
<b>Vision Benefits</b>				
Lenses and Frames	Not covered	Not covered	Not covered	Not Covered
Hearing Aids	\$5000 allowance per 36 months	\$1500 per ear per year	50%*	One per ear per plan year
<b>Premiums</b>				
	Retiree / Family	Retiree / Retiree +1 / Family		Retiree / Retiree +1 / Family
Maricopa, Pima, Pinal	\$583 / \$1166	\$943 / \$2219 / \$3074		\$593 / \$1387 / \$1869
All other Arizona counties	\$583 / \$1166	\$943 / \$2219 / \$3074		\$593 / \$1387 / \$1869

\*Subject to Plan Year Deductible

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# ASRS and ADOA Retiree Medical Plans

## *Non-Medicare Out-of-State*

Plan Provisions	ASRS Choice Plus 2011		ADOA PPO Plan (2011)		ADOA (2011)
	In-Network	Out-of-Network	In-Network	Out-of-Network	EPO
Calendar Year Deductible	\$500 individual \$1,000 family	\$500 individual \$1,000 family	\$500 individual \$1000 family	\$1000 individual \$2000 family	None
Maximum Plan Year Out-of-Pocket and Coinsurance Expense	\$2,000 individual \$4,000 family (including deductibles)	\$6,000 individual \$12,000 family (including deductibles)	\$1,000 individual \$2,000 family (deductible must be met before copay applies)	\$4,000 individual \$8,000 family (deductible must be met before copay applies)	None
Maximum Lifetime Benefit	Unlimited	Unlimited	Unlimited	None	No Maximum
<b>Outpatient Benefits</b>					
Physician Office Visit	100% after \$15 copay	60%*	\$15*copay	50%*	\$15 copay
Specialist Office Visit	100% after \$15 copay	60%*	\$30*copay	50%*	\$30 copay
Routine Office Physical	100% after \$15 copay	60%*	\$15*copay	50%*	\$15 copay
Examinations/Immunizations	100% after \$15 copay	60%*	\$15*copay	50%*	\$15 copay PCP/\$30 copay Spec
Vision Exam	\$15 copay/1 exam every 2 years	Not covered	\$15 copay (medical exam only)*	50%*	\$15 copay (medical exam only - no refractive exam coverage)
Hearing Exam	Not covered	Not covered	\$15*copay	50%*	\$15 copay PCP/\$30 copay Spec
Outpatient Mental Health	\$15 copay / 20 visit limit	60%* / 20 visit limit	\$15*copay	50%*	\$15 copay
Outpatient Hospital Services	80%*	60%*	\$50*copay	50%*	\$50 copay
Outpatient Standard X-rays	100%	60%*	100%*	50%*	No charge
Outpatient Specialized Scans	80%*	60%*	100%*	50%*	No charge
Outpatient Lab Tests	100%	60%*	100%*	50%*	No charge
Durable Medical Equipment	80%*	60%*	100%*	50%*	No charge
Prosthetic Devices	80%*	60%*	100%*	50%*	No charge
Skilled Nursing Facility	80%*	60%*	\$100% (90 day limit per member per year)	50%*	No charge (90 day limit per member per year)
Home Health Care	80%*	60%*	42 visits per year \$15*copay	42 visits per year 50%*	limit 42 visits per year
Physical, Speech, Occupational, Respiratory, & Cardiac Therapy	\$15 copay / 20 visit limit	60%*	(60 visit limit for In and Out-of-Network)	(60 visit limit for In and Out-of-Network)	\$15 copay
<b>Inpatient Benefits</b>					
Inpatient Hospital Admission	No Adm. Chg.	No Adm. Chg.	\$150*copay	50%*	\$150 copay
Inpatient Hospital Expenses	80%*	60%*	100%*	50%*	\$150 copay
Inpatient Mental Health	80%*	60%*	\$150*copay	50%*	\$150 copay
<b>Prescription Benefits</b>					
Generic/Brand	\$10/\$50/\$75 copay	\$10/\$50/\$75 copay	\$10/\$20/\$40	in network pharmacy only	\$10/\$20/\$40
Mail Order (90-day supply)	\$25/\$125/\$188 copay	\$25/\$125/\$188 copay	\$20/\$40/\$80	in network pharmacy only	2 copays for 90-day supply
<b>Other Benefits</b>					
Emergency Room	100% after \$100 copay	100% after \$100 copay	\$125*copay (waived if admitted)	\$125 50%*	\$125 copay (waived if admitted)
Urgent Care Facility	100% after \$40 copay	60%*	\$40*copay	\$125 50%*	\$40 copay
Ambulance	80%*	80%*	100%*	\$125 50%*	No charge
<b>Vision Benefits</b>					
Lenses and Frames	Not covered	Not covered	Not covered	Not covered	Not Covered
Hearing Aids	Not covered	Not covered	\$1500 per ear per year	50%*	One per ear per plan year
<b>Premiums</b>					
	Retiree / Family		Retiree / Retiree +1 / Family		Retiree / Retiree +1 / Family
Out-of-State	\$817 / \$1634		\$943 / \$2219 / \$3074		\$593 / \$1387 / \$1869

\*Subject to Plan Year Deductible

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# ASRS and ADOA Retiree Medical Plans

## *Northern Arizona University Medicare Eligible Plans*

ADOA BLUE CROSS/BLUE SHIELD (2011) NORTHERN AZ UNIVERSITY				
ASRS (2011)		ASRS (2011) (MedicareComplete)		
Plan Provisions	Senior Supplement Plan	HMO	In-Network	Out-of-Network
Calendar Year Deductible	None	None	None	\$300 individual \$600 family
Maximum Plan Year Out-of-Pocket and Coinsurance Expenses	\$6,700	\$6,700	\$1,000 individual \$2,000 family (deductible must be met before copay applies)	\$3,000 individual \$6,000 family (deductible must be met before copay applies)
Maximum Lifetime Benefit	No Maximum	No Maximum	\$5,000,000	
Outpatient Benefits				
PCP Office Visit	\$15 copay	\$15 copay	\$15 copay	60%*
Specialist Office Visit	\$15 copay	\$30 copay	\$25 copay	60%*
Routine Office Physical	100%	No Charge	\$20/\$30 copay	60%*
Immunizations	100%	No Charge	\$20/\$30 copay	60%*
Vision Exam	\$20 deductible plus cost above \$80 allowance for out-of-network	\$20 copay	\$15 copay	\$15*copay
Hearing Exam	Not covered	No Charge	\$15 copay	60%*
Outpatient Mental Health	100%	\$30 copay	\$25 copay	60%*
Outpatient Hospital Services	\$150 copay w/1st admin only	\$100 copay	100%	60%*
Outpatient Standard X-rays	100%	No Charge	100%	60%*
Outpatient Specialized Scans	100%	\$50 copay	100%	60%*
Outpatient Lab Tests	100%	No Charge	100%	60%*
Durable Medical Equipment	100%	No Charge	100%	60%*
Prosthetic Devices	100%	No Charge	100%	60%*
Skilled Nursing Facility	Days 1-100 = \$0 Days over 100 =all costs	No charge (100 day limit per benefit period)	100% for up to 180 days	60%* for up to 180 days
Home Health Care**	100%	No Charge	100%	60%*
Physical, Speech, Occupational, Respiratory, & Cardiac Therapy	100%	\$15 copay	100% (160 modalities/therapeutic services or 20 visits)	60% (160 modalities/therapeutic services or 20 visits)
Inpatient Benefits				
Inpatient Hospital Expenses**	\$150 IP Hospital deductible	No Charge	100%	60%*
Inpatient Mental Health Expenses	\$150 IP Hospital deductible	\$100 per admission; 190 days Lifetime	100%	60%*
Prescription Benefits				
Generic/Brand	\$10/\$35/\$35 copay	\$20/\$40	\$10/\$25/\$45/\$85	copay plus difference between an out-of-network price and the allowed amount
Mail Order (90-day supply)	\$20/\$70/\$70 copay	2 copays for 90-day supply	\$10/\$25/\$45/\$85	copay plus difference between an out-of-network price and the allowed amount
Other Benefits				
Emergency Room	\$50 copay (waived if admitted)	\$50 copay (waived if admitted)	\$85 copay (waived if admitted)	\$75 copay (waived if admitted)
Urgent Care Facility	\$25 copay	\$15 copay	\$25 copay	60%*
Ambulance	100%	\$25 copay	80%	80%
Vision Benefits				
Lenses and Frames	\$130 allowance in-network per calendar year / \$100 allowance out- network per calendar year	\$130 Eyeglass Allowance or \$105 Contact Lens Allowance every 12 months	50% up to a maximum of \$250 in any 24-month period	50% up to a maximum of \$250 in any 24-month period
Hearing Aids	Not covered	\$500 Allowance every 3 years	50%* of cost up to a maximum benefit of \$500 per calendar year	50%* of cost up to a maximum benefit of \$500 per calendar year
Premiums				
	Retiree / Family	Retiree / Family	Retiree/ Retiree +1 / Family	
Maricopa, Pima, Pinal	\$342 / \$684	\$190 / \$380	\$543.06 / \$1086.39/ \$1467.24	
All other counties	\$342 / \$684	\$260 / \$520	\$543.06 / \$1086.39/ \$1467.24	
Out-of-State	\$342 / \$684	Not Applicable	\$543.06 / \$1086.39/ \$1467.24	

\*Subject to Calendar Year Deductible.

\*\* Precertification is required

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# ASRS and ADOA Retiree Medical Plans

## *Northern Arizona University Non-Medicare Eligible Plans*

ASRS Choice Plan (2011)		ADOA BLUE CROSS/BLUE SHIELD (2011) NORTHERN AZ UNIVERSITY	
Plan Provisions	In-Network Only	In-Network	Out-of-Network
Calendar Year Deductible	None	None	\$300 individual \$600 family
Maximum Plan Year Out-of-Pocket and Coinsurance Expenses	\$3,000 individual \$6,000 family	\$1,000 individual \$2,000 family (deductible must be met before copay applies)	\$3,000 individual \$6,000 family (deductible must be met before copay applies)
Maximum Lifetime Benefit	None	\$5,000,000	
Outpatient Benefits			
PCP Office Visit	\$20 copay	\$15 copay	60%*
Specialist Office Visit	\$40 copay	\$25 copay	60%*
Routine Office Physical	\$20 copay	\$20/\$30 copay	60%*
Examinations/Immunizations	\$20/\$40 copay	\$20/\$30 copay	60%*
Vision Exam	\$40 copay	\$15 copay	\$15* copay
Hearing Exam	\$40 copay	\$15 copay	60%*
Outpatient Mental Health	\$40 copay	\$25 copay	60%*
Outpatient Hospital Services	70%	100%	60%*
Outpatient Standard X-rays	\$20 copay	100%	60%*
Outpatient Specialized Scans	\$150 copay	100%	60%*
Outpatient Lab Tests	100%	100%	60%*
Durable Medical Equipment	100%	100%	60%*
Prosthetic Devices	50%	100%	60%*
Skilled Nursing Facility	100%	100% for up to 180 days	60%* for up to 180 days
Home Health Care**	100%	100%	60%*
Physical, Speech, Occupational, Respiratory, & Cardiac Therapy	\$40 copay (20 visit limit)	100% (160 modalities/therapeutic services or 20 visits)	60% (160 modalities/therapeutic services or 20 visits)
Inpatient Benefits			
Inpatient Hospital Admission	No Adm. Chg.	No Adm. Chg.	No Adm. Chg.
Inpatient Hospital Expenses**	70%	100%	60%*
Inpatient Mental Health Expenses	70%	100%	60%*
Prescription Benefits			
Generic/Brand	\$10/\$50/\$75 copay	\$10/\$25/\$45/\$85	copay plus difference between an out-of-network price and the allowed amount
Mail Order (90-day supply)	\$25/\$125/\$188 copay	\$10/\$25/\$45/\$85	
Other Benefits			
Emergency Room	\$100 copay (waived if admitted)	\$85 copay (waived if admitted)	\$75 copay (waived if admitted)
Urgent Care Facility	\$40 copay	\$25 copay	60%*
Ambulance	100%	80%	80%
Vision Benefits			
Lenses and Frames	Not Covered	50% up to a maximum of \$250 in any 24-month period	50% up to a maximum of \$250 in any 24-month period
Hearing Aids	\$5000 allowance per 36 months	50% of cost up to a maximum benefit of \$500 per calendar year	50%* of cost up to a maximum benefit of \$500 per calendar year
Premiums			
	Retiree / Family	Retiree / Retiree +1 / Family	
Maricopa, Pima, Pinal	\$583 / \$1166	\$606.42 / \$1212.84 / \$1697.99	
All other Arizona counties	\$583 / \$1166	\$606.42 / \$1212.84 / \$1697.99	

\* Subject to Calendar Year Deductible

\*\* Precertification is required

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# Telephone Numbers & Websites

## FOR RETIREES, LTD RECIPIENTS & ELIGIBLE DEPENDENTS

**REMEMBER** WHEN CALLING THE INSURANCE CARRIERS, TELL THEM YOU ARE AN ASRS MEMBER.

CARRIER	MEMBER SERVICES	INTERNET ADDRESS
<b>MEDICAL PROVIDER</b>		
<b>UnitedHealthcare of Arizona</b> (Weekdays 7am – 8pm MST)		www.unitedbehaviorhealth.com
OptumHealth Vision	800-638-3120	www.optumhealthvision.com
Choice Plan (in-state)	800-509-6729	www.securehorizons.com
Choice Plus PPO Plan (out-of-state)	800-509-6729	
Senior Supplement Plan (7 Days / Week 8am – 8pm MST)	866-480-1087	
MedicareComplete Plan (7 Days / Week 8am – 8pm MST)	866-208-3248	
<b>Prescription Solutions</b>	800-797-9794 (Avail. 24/7)	
<b>MedicareComplete Prescription Drug Plan</b> (7 Days / Week 8am - 8pm MST)		
TTY: 711, when prompted: 866-208-3248		
		<b>UnitedHealthcare MedicareRX for Groups Medicare Prescription Drug Plan</b> (offered with UnitedHealthcare Senior Supplement) 888-556-6648 (Available 24/7) TTY: 711, when prompted: 888-556-6648 www.unitedhealthrxforgroups.com
<b>DENTAL PROVIDER</b>		
<b>Assurant Employee Benefits</b>		www.assurantemployeebenefits.com
Weekdays 7am – 7pm Monday-Thursday CST; 7am - 6pm Friday CST		
Indemnity Dental Claims	800-442-7742	
PPO Dental Providers (DHA)	800-985-9895	
Pre-Paid Dental	800-443-2995	
Vision Discount Services	800-877-7195	www.vsp.com
<b>ASRS retirees may also call the ASRS On-Site Rep</b> (M-F 8am–5pm MST)		
Phoenix Area	602-240-2000, ext. 2032	
Tucson Area	520-239-3100, ext. 2032	
Out-of-Area	800-621-3778, ext. 2032	
<b>PRESCRIPTION DISCOUNT CARD</b>		
<b>ScriptSave</b>	800-700-3957	www.scriptsav.com
Weekdays 9am – 8pm EST		
Saturday 10am – 3pm EST		
<b>HEARING BENEFITS</b>		
<b>Arizona HearCare Network</b>	800-532-3331 Weekdays 8am–4:30pm MST	www.arizonahearcare.com
<b>ASRS MEMBER SERVICES</b>		
Phoenix Area	602-240-2000	www.azasrs.gov
Tucson Area	520-239-3100	
Out-of-Area	800-621-3778	
TTY Users	602-240-5333	
Weekdays 8am – 5pm MST		
<b>PSPRS, CORP &amp; EORP BENEFITS OFFICE</b>		
Weekdays 8am – 5pm MST	602-255-5575	www.psprs.com
<b>ADOA BENEFITS OFFICE</b>		
Weekdays 8am – 5pm MST	602-542-5008 800-304-3687	www.benefitoptions.az.gov
<b>OTHER HELPFUL NUMBERS &amp; WEBSITES</b>		
Social Security	800-772-1213	www.ssa.gov
Medicare	800-633-4227	www.medicare.gov

## **Arizona State Retirement System**

### **PHOENIX MEMBER SERVICES**

3300 North Central Avenue  
Phoenix, AZ 85012

### **TUCSON MEMBER SERVICES**

7660 East Broadway Boulevard, Suite 108  
Tucson, AZ 85710

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*Effective January 1, 2011*